

4-13-40  
5-17-39  
X23159

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **12921**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3351**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **DeGloge Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (c) PRINT FULL NAME **Clara Montgomery**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Joseph Sept** 6. (c) Age of husband or wife if alive **20** years

7. Birth date of deceased **Sept 27 1921**  
(Month) (Day) (Year)

8. AGE: Years **19** Months **6** Days **19** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Belgrade Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Lou Horton**

13. Birthplace **Belgrade Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Vella Hayes**

15. Birthplace **Denver**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lou Horton**

(b) Address **Bismarck, Mo.**

17. (a) **Removal** (b) Date thereof **4/18/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bismarck, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4706 Washington Ave.**

19. (a) **APR 17 1941** (b) **J. P. Brudick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **94th St.**  
(c) City or town **Bismarck**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16**  
year **1941** hour **10:00** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **4-15-41**  
\_\_\_\_\_, 19\_\_\_\_, to **4-16-41**, 19\_\_\_\_;  
that I last saw her alive on **4-16-41**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Shock**

Due to **Hemorrhagic Pancreatitis**

Due to \_\_\_\_\_

Other conditions **128**  
(Include pregnancy within 3 months of death)

Major findings: **Hemorrhagic Pancreatitis**

Of operations \_\_\_\_\_  
Of autopsy **same**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Louis H. Hoppe** (M. D. or other) \_\_\_\_\_  
Address **DeGloge Hospital** Date signed \_\_\_\_\_

4-17-41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Albert G. Hoffe*

Licensed Embalmer No. *2971*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**