V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28210

State File No.

FILED SEP 8 1942

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1831

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 12/1/1939 (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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(a) State Missouri (b) County 17

(c) City or town 715 Pine Street 9
(If outside city or town limits, write "RURAL")

(d) Street No. St. Louis
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country - /

3. (a) PRINT FULL NAME Andrew F. Montgomery

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. -

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married (sepr.) /

6. (b) Name of husband or wife Louise

6. (c) Age of ~~husband or~~ wife if alive unknown years

7. Birth date of deceased April (Month) 22, (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	4	6	hr. min.

9. Birthplace (City, town, or county) Scotland 4 (State or foreign country)

10. Usual occupation Orderly

11. Industry or business -

FATHER
12. Name Matthew Montgomery
13. Birthplace (City, town, or county) Scotland 4 (State or foreign country)

MOTHER
14. Maiden name Ellen Finley
15. Birthplace (City, town, or county) Scotland 4 (State or foreign country)

16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 1-42 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C Hoffmeister U & L Co.
(b) Address 7814 S Broadway

19. (a) SEP - 1 1942 (Date received local registrar) (b) E G McGarrah JC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th, year 1942 hour 10:05 minute A. M.

21. I hereby certify that I attended the deceased from December 1, 1939 to August 28, 1942 that I last saw him alive on August 28, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HEMIPLEGIA, RIGHT, SPASTIC.	Abt. 3 yrs
Due to CEREBRAL ARTERIOSCLEROSIS.	Unknown
Due to -	
Other conditions - (Include pregnancy within 3 months of death)	

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Major findings:
Of operations -
Of autopsy Autopsy not granted.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature L. M. COCHRAN, M.D., (M.D. or other)
Address Chief Medical Officer. Date signed 8/28/42

(Licensed Embalmer's Statement on Reverse Side)

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 Homer C. Dill, Registered Apprentice No. _____, working under my personal supervision.

Signed Edw. H. Lehmann

Licensed Embalmer No. 4049

P. O. Address 646 Chippewa

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.