

FILED JAN 10 1944

Registration District No. 5977

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town BALLWIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest & Home
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 3 yrs 8 mo 1 day
(Specify whether years, months or days) 3 yrs 8 mo 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 17
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4637 Lehigh
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Matilda Demont
(b) If veteran, name war _____
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN day 1
year 1944 hour 7:45 minute P M.
21. I hereby certify that I attended the deceased from MAY 5
1941 to JAN 1 1944
that I last saw her alive on Dec 31 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed; married. 2 divorced Widow
6. (b) Name of husband or wife. Cleveland Demont
6. (c) Age of husband or wife if alive. Dead years
7. Birth date of deceased: July 29 1890
(Month) (Day) (Year)

Immediate cause of death. Chronic Myocarditis
Duration _____

8. AGE: Years 73 Months 5 Days 2
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

Other conditions Arterio-Sclerosis
(Include pregnancy within 3 months of death)

10. Usual occupation None

Major findings: _____
Of operations: _____
Of autopsy: _____

11. Industry or business None
12. Name August Ockel
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name MARIE YADAMAN
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Pine Crest Home
(b) Address BALLWIN Mo
17. (a) burial (b) Date Jan. 4-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Peter's Cem.
18. (a) Signature of funeral director W. W. Clark
(b) Address 1125 Ho-diamond ave.
19. (a) JAN 6 - 1944 (b) E. G. Mc Gowan, M.D.
(Date received local registrar) (Registrar's signature)

23. Signature R. W. Jensen (M. D. _____)
Address Manchester Mo Date signed 1/3/44

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

MOTHER FATHER

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.....

Licensed Embalmer No. *13661*

P. O. Address... *St. Louis, Mo.*

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.