

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 16 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35425

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8523**

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: **3311 Nebraska**
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3311 Nebraska**
(If rural, give location) **2417**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Rev. Wm. S. Montgomery**
(b) If veteran, name war **--**
(c) Social Security No. **--**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **2**
year **1946** hour **3** minute **45P.** M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Elizabeth**
6. (c) Age of husband or wife if alive **--** years
7. Birth date of deceased **June 4 1878**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **6-15-46** to **10-2-46**
that I last saw him alive on **10-2-46**
and that death occurred on the date and hour stated above.

8. AGE: Years **68** Months **3** Days **28**
If less than one day hr. _____ min. _____

Immediate cause of death **Myocardial infarction of heart**
Due to **myo cardiac**
Due to **cardiac renal**
Other conditions (Include pregnancy within 3 months of death) **10**
Duration **3 hrs**
20:30 + 17h
20:30 + 17h

9. Birthplace **Grubville Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Pastor**

Major findings: Of operations _____
Of autopsy **1 2 1**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name **J. T. Montgomery**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Montgomery**
(b) Address **3311 Nebraska**

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? _____

17. (a) **Burial** (b) Date thereof **10/5/46**
(Method of disposition, or removal) (Place) (City or town) (Year)
(c) Place: burial or cremation **Grubville Mo**
18. (a) Signature of funeral director **Wade H. Hilde**
(b) Address **3634 Gravois Ave**
19. (a) **OCT 4 1946** (b) **J. F. Biedrecky**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **H. L. Luckey** (M. D. or other) **10/2/46**
Address **2816 Sutton** Date signed **10-2-46**

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

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 Robert Wheeler

Licensed Embalmer No. 2178

P. O. Address Shawmo

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.

Registration District No. 318 Primary Registration District No. 1003

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:

(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. (a) PRINT FULL NAME Wm S. Montgomery
3. (b) If veteran, name war..... 3. (c) Social Security No. 1-1-1

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....

7. Birth date of deceased..... June 1948
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 8 If less than one day hr. min.

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

10. Usual occupation.....
11. Industry or business.....
MOTHER FATHER { 12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....
(b) Address.....

17. (a) (Burial, cremation, or removal)..... (b) Date thereof..... (Month) (Day) (Year)
(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

19. (a) 10-4-46 (b) J. F. Brueckel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location).
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Day.....
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to.....
that I last saw him..... alive on.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:.....
Of operations.....

Of autopsy.....

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?.....

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

23. Signature..... (M. D. or other)
Address..... Date signed.....

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

SUPPLEMENTARY

35425

8-3634