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v. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 24 1947  
Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1002

Registrar's No. 2665

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6509 Bradley Ave.  
(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 Mo. (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 6509 Bradley Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THOMAS F. MONTGOMERY

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1947 hour 9:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Mar 10 1947 to Mar 12 1947  
that I last saw him alive on 12 Mar 1947  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Aug. 21 1869  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Edema Duration 12h.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>21</u>	_____ hr. _____ min.

Due to Coronary Thrombosis

Due to Coronary Occlusion

Other conditions 94  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Street Car Operator

11. Industry or business Public Service Co. (Retired)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

MOTHER FATHER {

12. Name Unknown

13. Birthplace Alabama  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Unknown

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

16. (a) Informant Anna Montgomery

(b) Address 6509 Bradley Ave.

17. (a) Burial (b) Date thereof 3 15 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

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? 0

18. (a) Signature of funeral director Kriegshauser Und Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 13 1947 (b) J. F. Pudeck  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature John H. ... (M. D. or other) \_\_\_\_\_

Address 506 Olive Date signed 13 Mar 47

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

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**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 *Richard W. Stavesand*.....

Licensed Embalmer No. *4007*.....

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.**