S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1947

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3064

State File No. 36682

Registrar's No. 2378

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: 54 N. Florissant Rd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether years, months or days)

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Ferguson 6 (If outside city or town limits, write "RURAL")

(d) Street No.: 54 N. Florissant Rd. 2 (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Leon Montrey

3. (b) If veteran, name war: ---

3. (c) Social Security No.

4. Sex: M 0

5. Color or race: W

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

6. (b) Name of husband or wife: ---

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

7. Birth date of deceased: December (Month) 25, (Day) 1874 (Year)

8. AGE: Years 72 | Months 10 | Days 6 | If less than one day ___ hr. ___ min.

9. Birthplace: Florissant (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Custodian

11. Industry or business: Resteurant

MOTHER FATHER

12. Name: Joseph Montrey

13. Birthplace: Florissant, Mo. (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Emma Pressey

15. Birthplace: Florissant, Missouri. (City, town, or county) (State or foreign country) 0

16. (a) Informant: Mrs. Oliver Kluefer

(b) Address: Ferguson, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 3, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Ferdinand Cemetery.

18. (a) Signature of funeral director: White Funeral Home

(b) Address: Ferguson, Missouri.

19. (a) 11-5-47 (Date received local registrar) (b) Carl A. Starkloff M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1947 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 1945 to Oct 31 1947 that I last saw him alive on Oct 25 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Coronary occlusion	1 hr.
Due to: Arteriosclerosis	
Hypertension	
Due to:	
93d	
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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature: Leo Hughes (M. D. or other) M.D.

Address: Ferguson Mo Date signed 11/1/47

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.