

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 5 1951

State File No. 18395

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4893

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2179		d. STREET ADDRESS (If rural, give location) 1803 S. Compton Av
d. FULL NAME OF HOSPITAL OR INSTITUTION 1803 S. Compton					
3. NAME OF DECEASED (Type or Print) a. (First) NELL b. (Middle) MONTFORT c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAY-21-51		
5. SEX FE	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Dec-3-1882	9. AGE (In years last birthday) 68 YRS	10. MONTHS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HAT MAKER		10b. KIND OF BUSINESS OR INDUSTRY Correct Cap Co	11. BIRTHPLACE (State or foreign country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME MARTIN RYAN		13b. MOTHER'S MAIDEN NAME ROSE HONMAN		14. NAME OF HUSBAND OR WIFE CHARLES MONTFORT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 497-16-8069	17. INFORMANT'S SIGNATURE OR NAME Mrs Julia Fuqua ADDRESS 7039 Nashville		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES					
DUE TO (b) Acute Pericarditis					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 432X		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:15 p. m., from the causes and on the date stated above.					
23a. SIGNATURE [Signature]			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5/22/51
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE MAY-26-51	24c. NAME OF CEMETERY OR CREMATORY Sun Set Burial PK		24d. LOCATION (City, town, or county) St. Louis Mo.	
DATE REC'D BY LOCAL REG. MAY 25 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmur ADDRESS 3125 Lafayette Ave	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Joseph Kollmer*

Signed.....  
Student Embalmer

Licensed Embalmer No. *440 148*

P. O. Address *3125 Lafayette Ave*

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.