

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13831**  
Registrar's No. **3004**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2935 Dayton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Willie</b>		b. (Middle) <b>P.</b>		c. (Last) <b>Montgomery</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 31 54</b>	
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 15, 1881</b>		9. AGE (In years last birthday) <b>73</b>		10. UNDER 1 YEAR Months <b>2</b> Days <b>16</b>		11. UNDER 2 HRS. Hours <b>1</b> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Lexington, Mississippi</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
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13a. FATHER'S NAME <b>Allen Montgomery</b>			13b. MOTHER'S MAIDEN NAME <b>Emma Hodges</b>			14. NAME OF HUSBAND OR WIFE <b>Dora Montgomery</b>		
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15. WAS DECEASED EVER IN THE ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Christine Wright</b>				ADDRESS <b>2904 Pine St.</b>			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Cerebral Thrombosis</b>						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		IMMEDIATE CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>							
		DUE TO (c) <b>Hypostatic Pneumonia</b>							
		OTHER SIGNIFICANT CONDITIONS <b>Old Fracture of Rt. Hip</b>							
		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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Under a tree</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>332 XF</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Between 2 and 2:00 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **3-16**, 19 **54**, to **3-31**, 19 **54**, that I last saw the deceased alive on **3-31**, 19 **54**, and that death occurred at **2:00 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. B. Williams</b>		23b. ADDRESS <b>M.D. 2601 N. Whittier</b>		23c. DATE SIGNED <b>3-31-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4/6/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oake Dale Cemetary</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
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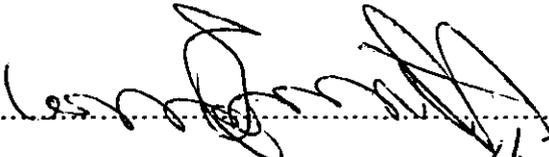
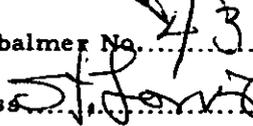
DATE REC'D BY LOCAL REG. <b>APR 2 1954</b>		REGISTRAR'S SIGNATURE <b>Wm. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Smith</b>		ADDRESS <b>4019 Washington</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 ..... Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed .....  
Licensed Embalmer No. 43  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.