

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22266

1. PLACE OF DEATH

County.....

Registration District No. **79L**

Township.....

Primary Registration District No. **1003**

City **St Louis Mo.**

(No. **St Louis Children's Hospital** St. Ward)

File No.

Registered No. **6449**

2. FULL NAME

Gene Montgomery

(a) Residence. No. **1412 Montgomery St.** **26** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **Life** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **✓**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **✓**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **10-9-24**

7. AGE YEARS **3** MONTHS **9** DAYS **27** IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **✓**

(b) General nature of industry, business, or establishment in which employed (or employer) **✓**

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St Louis**
(STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Robert Montgomery**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St Louis**
(STATE OR COUNTRY) **Missouri**

12. MAIDEN NAME OF MOTHER **Rose Haynes**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St Louis**
(STATE OR COUNTRY) **Missouri**

14. INFORMANT **L. Ketting**
(Address) **5005 S. Kings Highway**

15. **JUN 18 1928** **May C. Barker** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 16. 1928**

17. I HEREBY CERTIFY, That I attended deceased from **6-16**, 19**28**, to **6-16**, 19**28**, that I last saw him alive on **6-16**, 19**28**, and that death occurred, on the date stated above, at **6:30 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rheumatic Carditis acute
(duration) yrs. mos. **6** ds.

CONTRIBUTORY **Rheumatic fever acute**
(SECONDARY) (duration) yrs. mos. **1** mos. **15** ds.

18. WHERE WAS DISEASE CONTRACTED **Home**
IF NOT AT PLACE OF DEATH? **no**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical Examen**

(Signed) **Physician**

, 19 **June 16** (Address) **St. Louis Children's Hospital**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **New Bethlehem** DATE OF BURIAL **June 18 1928**

20. UNDERTAKER **Shedmyer** ADDRESS **3934 N. 20**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

