

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

Do not use this space.

40696

JAN 22 1931

PLACE OF DEATH
 County St. Louis Registration District No. 1170
 Township Central Primary Registration District No. 6245H
 City Richmond Heights St. Marys Hospital St. _____ Ward _____
 2. FULL NAME Frank Martin Montague
 (a) Residence No. 17 Denver Pl. Ward Webster Groves
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. 8 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Melvena Montague
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14 - 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 5 -
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work clerk
 (b) General nature of industry, business, or establishment in which employed (or employer) Hardware
 (c) Name of employer Wells Hwd Co
 9. BIRTHPLACE (CITY OR TOWN) Tamora
 (STATE OR COUNTRY) Illinois
 10. NAME OF FATHER Benjamin Montague
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tamora
 (STATE OR COUNTRY) Illinois
 12. MAIDEN NAME OF MOTHER Anna Campbell
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tamora
 (STATE OR COUNTRY) Illinois

PARENTS

14. INFORMANT G. F. Montague
 (Address) Rt. 2 Box 889 Hickwood Mo.
 15. FILED 12/30 1930 L. S. Jensen
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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 16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1930
 17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1930, to Dec 14, 1930, but I last saw him alive on Dec 14, 1930, and that death occurred, on the date stated above, at 10:45 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cent. dilatation right Ventricle
13.7 of heart
97
4583 (duration) _____ yrs. _____ mos. 1 ds.
 CONTRIBUTORY Arterial Sclerosis
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.
 18. WHERE WAS DISEASE CONTRACTED First stage frost-tachony
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 9, 1930
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) C. E. Brown, M. D.
Dec 15, 1930 (Address) 958 Acad. Bldg.
 *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 Oak Hill DATE OF BURIAL Dec 16 1930
 20. UNDERTAKER Parker Lumber Co ADDRESS Webster Groves

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Name: Frank Martin Montague
Who died at: Richmond Heights on Dec. 14, 1930,
Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Acute Dilatation right ventricle of heart.

Contributory: Arterio sclerosis
Enlarged Hypertrophied Prostate

Where was disease contracted? _____

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

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