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

Do not use this space.

19288

1. PLACE OF DEATH
County St. Louis
Township Central
Registration District No. 1170
Primary Registration District No. 6248
File No.
Registered No. 520
Richmond Heights, (No. N. Ed. Marys Road, St. Ward)

2. FULL NAME Clyde L. Montgomery
(a) Residence No. 3555 Manhattan Ave. Ward. Maplewood Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 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): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mae Montgomery

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30 = 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	11	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Roofer
(b) General nature of industry, business, or establishment in which employed (or employer) Holekamp Lbr. Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Nathan Montgomery
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER I know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

14. INFORMANT Mrs. Mae Montgomery
(Address) 3555 Manhattan Ave.

15. FILED 5/2, 1931 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 = 1931.

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw him alive on ....., 19..., and that death occurred, on the date stated above, at 3.00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of L. Acetab
9h
9ac
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) Chr. myocarditis
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St. Louis Co. Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? yes.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John S. Schmucker, M. D.
May 2, 1931 (Address) Forest Park Sanit.

*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	DATE OF BURIAL
Bethesda Cem.	May 4. 1931.
20. UNDERTAKER	**ADDRESS**
Jos. N. Clark	1125 Hodiamont Ave.

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.

JUN 29 1931