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

Do not use this space.

37458

File No.
Registered No. 10120

1. PLACE OF DEATH

County
Township
City St. Louis (No. American Hospital St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Rose Ina Montgomery

(a) Residence, No. 1412 a 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 31 yrs. 5 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ Female
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 Robert Montgomery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1901

7. AGE: Years 31 | Months 5 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 170
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) Nov. 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri 1

FATHER
13. NAME John Haynes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 8

MOTHER
15. MAIDEN NAME Sarah Kindle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

17. INFORMANT (ADDRESS) Robert Montgomery 1412 a Montgomery

18. BURIAL, CREMATION, OR REMOVAL PLACE N. Bethlehem DATE Nov. 18, 1932

19. UNDERTAKER (ADDRESS) Sundmeyer & Sons 3934 N. 20 St.

20. FILED NOV 16 1932, 19 Mary C. Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

2 No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:40 a. m.

The principal cause of death and related causes of importance were as follows:

Streptococcic Septicemia following abortion. 1
Manner & Cause of sang unknown 2

Date of onset

Other contributory causes of importance:

1 (7)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) T. J. Evans M.D.
(Address) 11/16/32 Dr. Evans

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.

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