MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 333 — File No. 14061
Township St Ferdinand — Primary Registration District No. 4468 — Registered No. 86
City Florissant = Mo Ferguson Twn. (No. ..... St. ..... Ward)

2. FULL NAME Homer Montgomery
(a) Residence, No. Lemay Ferry rd. St., ... Ward.
(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: Laura Montgomery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 3-1884

7. AGE: YEARS 53 — MONTHS 1 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER
13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

MOTHER
15. MAIDEN NAME: Barbara Montgomery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Laura Montgomery, Florissant #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove St Charles DATE 4-20 1934

19. UNDERTAKER (ADDRESS): Baumann Bros Inc, Overland Mo

20. FILED Apr 18 1934 H. G. Zeitler, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/17/34, 19

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 7:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis, Chr. endocarditis, Chr. mitral insufficiency decompensated. Chr. arterio sclerosis. Chr. hypertension, angina pectoris and cardiac	-

Other contributory causes of importance:
asthma, precardial pain.
Sec: Angina pectoris, cardiac decompensation due to mitral insufficiency.

Name of operation Coroner's view Date of .....
What test confirmed diagnosis? andhis Was there an autopsy? no

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) Luke B. Turner, M.D. 4/18/34
(Address) 3718 Jennings Rd.
Coroner St Louis Co., Mo.

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.