

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

**35204**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County St. Louis Registration District No. 333  
 (b) Township St. Ferdinand Primary Registration District No. 4468  
 (c) City Ferguson Ferguson Town (d) Street No. 125 Spring Ave. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** William C. Montrey.

(a) Residence, No. 125 Spring Ave. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 Mary Belle Montrey.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 1, 1884.  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 52 10 28

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

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

FATHER 13. NAME Joseph Montrey.

14. BIRTHPLACE (CITY OR TOWN) St. Louis County,  
 (STATE OR COUNTRY) Missouri.

MOTHER 15. MAIDEN NAME Emma Pressey.

16. BIRTHPLACE (CITY OR TOWN) St. Louis County,  
 (STATE OR COUNTRY) Missouri.

17. INFORMANT (ADDRESS) Miss Mary Belle Montrey  
125 Spring Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ferdinand Cem. DATE October 2, 1937

19. FUNERAL DIRECTOR (ADDRESS) Geo. L. Pleitach Inc.  
5966 Garden Ave.

20. FILED 9-30 1937 W. A. Zeidler  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 29 1937  
 22. I HEREBY CERTIFY, That I attended deceased from April 19, 1937, to 9-29, 1937  
 I last saw him alive on 9-29, 1937 Death is said to have occurred on the date stated above, at 10:30 P. m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 10-1-36  
Chronic Bronchitis 1934  
Bronchiectasis 1935  
Cronchiectosis

Name of operation none Date of       
 What test confirmed diagnosis? Microsc. 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. J. Johnson, M. D.  
 (Address) Ferguson Mo.

Per G. Smith  
 Licensed Embalmer's Statement on Reverse Side)

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.

Dr. Fay Johnson

STATEMENT BY LICENSED EMBALMER

I, Leonard W. Faeger, Licensed Embalmer No. 2678  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by

.....  
L. E. ....

No. .... or by Henry Bramer, Registered Apprentice No. ....  
working under my personal supervision.

Signed Leonard W. Faeger  
Licensed Embalmer No. 2678

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**