

8 1939

JUN 8 1939

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

19689
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Clayton Primary Registration District No. 101 Registered No. 836
 or
 (c) City Clayton (d) Street No. St. Louis County Hosp. 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 Montgomery
 (a) Residence, No. _____ St. Eschelsa
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Margaret Montgomery
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 / 1908
 7. AGE YEARS 30 MONTHS 8 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborter
 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 0

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1939
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. Death is said to have occurred on the date stated above, at 5:30 pm.
 The principal cause of death and related causes of importance were as follows:
Acute Bronchopneumonia (Primary)
 Date of onset _____
 Other contributory causes of importance: 107a
 Name of operation _____ Date of _____
 What test confirmed diagnosis Autopsy 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? no
 If so, specify _____
 (Signed) John O'Connell M. D.
 (Address) Carroll St. Louis Co.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 FATHER
 13. NAME Francis Montgomery
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER
 15. MAIDEN NAME Mary Stone
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) Margaret Montgomery West Hart no 107a
 18. BURIAL, CREMATION, OR REMOVAL
 Place West Hart no DATE 5/11 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. W. Berry 107a
Richardson
St. Mary's Hosp.
 20. FILED MAY - 8 1939 St. Mary's Hosp. Local Registrar.

(Licensed Examiner'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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

John M. Meyer

....., Registered Apprentice No.

working under my personal supervision.

Signed *John M. Meyer*

Licensed Embalmer No. *3288*

P. O. Address *Harlem*

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

If this body is not embalmed, above space should be left blank.