DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41299

Registration District No. 1003 Primary Registration District No. Registrar's No. 10422

1. PLACE OF DEATH:

(a) County 3

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Masonic Home of Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years. (Specify whether
In this community 6 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis, 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5351 Delmar Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Montrose 536

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Clair Etta Montrose

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased May 6, 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Poughkeepsie, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Traveling Salesman 1

11. Industry or business

FATHER
12. Name James Montrose 7
13. Birthplace Not known 7
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Van Zile
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fanny E. Spence
(b) Address 5351 Delmar St Louis

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/7/39 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive St.

19. (a) DEC 6 1939 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 3, day 3, year 1939 hour 10. minute 25 P. M.

21. I hereby certify that I attended the deceased from January 8, 1934, 19 to December 3, 1939 that I last saw him alive on December 3, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Coronary Thrombosis	2 days
Due to	
Chronic Myocarditis	6 mths
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 1

23. Signature [illegible] (M. D. or other)
Address 508 N Grand Blvd Date signed

(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.

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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

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

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