

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.

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 JAN 12 1940

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 41930  
 Registrar's No. 11053

Registration District No. 8023 Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
 (c) Name of hospital or institution: City Hospital, #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Stillborn  
 In this community Stillborn (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County X  
 (c) City or town St. Louis  
 (d) Street No. 3145 New Ashland Pl.,  
 (e) If foreign born, how long in U. S. A.? X years.

**3. (a) PRINT FULL NAME** Baby Montgomery 532  
**3. (b) If veteran,** name war X  
**3. (c) Social Security No.** X  
**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** X  
**6. (b) Name of husband or wife** XX **6. (c) Age of husband or wife if alive** X years  
**7. Birth date of deceased** December 13, 1939

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month December day 13, year 1939 hour 12:31 minute \_\_\_\_\_ P. A. M.  
**21. I hereby certify that I attended the deceased from** December 13, 1939, to December 13, 1939, that I last saw him alive on December 13, 1939 and that death occurred on the date and hour stated above.

| 8. AGE:   | Years | Months | Days | If less than one day |
|-----------|-------|--------|------|----------------------|
| Stillborn |       |        |      | hr. _____ min.       |

**Immediate cause of death**  
Stillborn  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**9. Birthplace** St. Louis, Missouri  
**10. Usual occupation** X  
**11. Industry or business** X  
**12. Name** William Montgomery  
**13. Birthplace** Missouri  
**14. Maiden name** Bernadine Johnson  
**15. Birthplace** Missouri

**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? \_\_\_\_\_

**MOTHER FATHER**  
**16. (a) Informant's own signature** Ann Morrison  
**(b) Address** City Hospital, #1  
**17. (a) (Burial, cremation, or removal)** City Crematorium **(b) Date thereof** 12/28/39  
**(c) Place: burial or cremation** City Crematorium  
**18. (a) Signature of funeral director** David Van Jordan  
**(b) Address** City No. 102  
**19. (a) DEC 27 1939** **(b)** \_\_\_\_\_

**23. Signature** John F. Flynn (M. D. or other) \_\_\_\_\_  
**Address** 1515 Lafayette, \_\_\_\_\_  
 (Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

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