

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.

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

4563

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Pacific Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hrs
(Specify whether
In this community 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis / 13
(If outside city or town limits, write "RURAL")
(d) Street No. 4943 Odell
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Samuel T. Montague 532
3. (b) If veteran, name war No. _____
3. (c) Social Security No. 702-12-6330

20. DATE OF DEATH: Month May day 21
year 1940 hour 11 minute 55 P. M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Estelle
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Oct. 29, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
63 6 22 hr. min.

Immediate cause of death
Cerebral Hemiplegy
Due to _____
Due to _____

9. Birthplace Tamaroa, Illinois /
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
None

10. Usual occupation Switch Foreman
11. Industry or business T.R.R.A.

MOTHER FATHER
12. Name Benj. F. Montague /
13. Birthplace Illinois /
(City, town, or county) (State or foreign country)
14. Maiden name Deleceda Campbell /
15. Birthplace Mt. Sterling, Ky. /
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Estelle Montague
(b) Address Pocahontas, Ill.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 5/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery

(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? _____

18. (a) Signature of funeral director C. M. McLaughlin
(b) Address 2301 Lafayette Ave

While at work? _____ (Specify type of place)
(By means of injury) _____

19. (a) MAY 23 1940 (b) J. J. Baschek
(Official Seal) (Registrar's Signature)

23. Signature Alfred Perry (M. D. or other)
Address Alfred Perry Date signed 5-23-40

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.