

Registration District No. **791**

Primary Registration District No. **1003**

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: **St. Mary Infirmary**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 wks** (Specify whether _____)
In this community **35 years**
years, months or days

3. (a) PRINT FULL NAME **MOLLIE MOUNTGOMERY**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **F** 3
5. Color or race **Col**
6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Carl Paschall**
6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **Jan 30 1866**
(Month) (Day) (Year)

8. AGE: Years **75** Months **4** Days **13**
If less than one day: hr. _____ min. _____

9. Birthplace **Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maid**

11. Industry or business _____

12. Name **Kemp Smith**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Annie**

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward M. Paschall**

(b) Address **4314 A Aldine**

17. (a) **Burial** (b) Date thereof **May 14-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **J. W. Lawton**
(b) Address **2620**

19. (a) **MAY 14 1941** (b) **J. W. Bredeh**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0100**
(c) City or town **St. Louis** **11/7**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **4314 Aldine** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **11**
year **1941** hour **6** minute **a.** M.

21. I hereby certify that I attended the deceased from **3/15**, 19**41**, to **5/11**, 19**41**;
that I last saw h. **ER** alive on **5/10**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Gangrene Rt Foot + leg**

Due to **Arteriosclerosis**

Due to _____

Other conditions **Hypertension**
(Include pregnancy within _____ months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(b) Means of injury _____

23. Signature **William S. Souther** (M. D. or other) **Q**
Address **901 N Vandeventer** Date signed **5/13/41**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10
17
9

905

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 *Lydia King*
.....
Licensed Embalmer No. 2938

P. O. Address St. Louis

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, fact should be so stated above: