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23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37208

State File No. 9438

Registration District No. DEC 22 1941 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
(a) County: Missouri
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Desloge Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 009 17 9 01
(a) State: Missouri (b) County:
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 7924a Michigan Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 28 years.

3. (a) PRINT FULL NAME: Maurice Montandon

3. (b) If veteran, name war: None

3. (c) Social Security No.: 336-01-7875

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Lillian Montandon

6. (c) Age of husband or wife if alive: 26 years

7. Birth date of deceased: October 20, 1911 (Month) (Day) (Year)

8. AGE: Years 30 Months 1 Days 6 If less than one day hr. min.

9. Birthplace: Switzerland (City, town, or county) 5 (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

MOTHER FATHER
12. Name: John Montandon
13. Birthplace: Switzerland (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name: Caroline Gurtler
15. Birthplace: Switzerland (City, town, or county) 5 (State or foreign country)

16. (a) Informant: Mrs. Lillian Montandon
(b) Address: 7924a Michigan Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Hope

18. (a) Signature of funeral director: SOUTHERN FUNERAL HOME
(b) Address: 6322 S. Grand Blvd.

19. (a) NOV 28 1941 (Date received local registrar) (b) J. F. Baedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26 year 41 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from 10/23/41, 19, to 11/26/41, 19; that I last saw him alive on 11/26/41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Subacute Bacterial Endocarditis — ?

Due to: Strep. Viridans

Due to:

Other conditions: Multiple Valvulitis —
(Include pregnancy within 3 months of death)

Heart. — Rheum. H. Disease

Major findings:
Of operations:

Of autopsy:

Duration

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): No
(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) (e) Means of injury

23. Signature: Roy F. Mezera (M. D.)
Address: 1325 S. Broadway Date signed: 11/27/41

(Licensed Embalmer's Statement on Reverse Side) R. A. Mezera, M.D.

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo

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.