

FILED JAN 20 1942

Registration District No. 729

Primary Registration District No. 22

Registrar's No. 16

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town RURAL KIRKWOOD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 YEARS (Specify whether years, months or days)
In this community 40 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.D. #13 KIRKWOOD
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME HUGH D. MONTGOMERY

3. (b) If veteran, name war / 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 MABEL MONTGOMERY 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased DEC. 11 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 22 If less than one day hr. min.

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

10. Usual occupation RETIRED STEEL WORKER

11. Industry or business /
12. Name DANIEL MONTGOMERY
13. Birthplace PENNSYLVANIA
(State or foreign country)
14. Maiden name CYRNE UNKNOWN
15. Birthplace PENNSYLVANIA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. MABEL MONTGOMERY
(b) Address R.D. #13 KIRKWOOD MO.

17. (a) BURIAL (b) Date thereof 1-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindeed Blvd

19. (a) JAN 5 - 1942 (b) R. M. Gorman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1942 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 14 1942 to Jan 3 1942 that I last saw him alive on Jan 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 1 year
Due to Chronic suppurative
rufations - sinusitis

Due to A
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 9321 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 /
23. Signature R. M. Gorman (M. D. or other) /
Address Kirkwood Mo Date signed 1-3-42

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

6000

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

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Hindell

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.