S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8998

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3017

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: Missouri Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since Feb 15 1942 (Specify whether

In this community 25 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6. 000 17 9

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4739 St. Louis Ave (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alta Montgomery

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife William Montgomery

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April 18th (Month) 1900 (Day) (Year)

8. AGE: Years 41 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Elsberry Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

FATHER
12. Name George C. Elliott
13. Birthplace Norfolk Va (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Adela Hitt
15. Birthplace Cleveland Ohio (City, town, or county) (State or foreign country)

16. (a) Informant William D. Montgomery

(b) Address 4739 St. Louis

17. (a) burial (Burial, cremation, or removal) (b) Date thereof April 5th 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Elsberry Mo

18. (a) Signature of funeral director Henry L. Weidenmeller

(b) Address 6203 Gravois Ave

19. (a) APR 3 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1942 hour 9:20 minute P M.

21. I hereby certify that I attended the deceased from Feb-14 1942 to April 1 1942 that I last saw her alive on April 1 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ~~Inanition~~ Inanition and Post Operative Acidosis	2 weeks
Due to Acute Intestinal-Obstruction	2-3 days
Due to Post Operative Adhesions	- 6 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Severe Intestinal Adhesions - Obstruction -

Of autopsy Same.

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 Cleveland H. Shutt (M. D. or other) M.D.

Address 508 N. Grand Date signed 4/3/42

(Licensed Embalmer's Statement on Reverse Side)

Charlene Lehnte
1-3
Pittsfield Ill.

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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, fact should be so stated above.