

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4564

State File No. 2234

FILED MAR 15 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2032

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **27 days**
(Specify whether
 In this community..... **2 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
17 2
9 2
 (c) City or town..... **St. Louis,**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1834 Papin**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... **0**

3. (a) PRINT FULL NAME..... **Manola Montgomery**
 3. (b) If veteran, name war..... (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **26,**
 year **1943** hour **4** minute **30 A.** M.
 21. I hereby certify that I attended the deceased from **January**
30, **1943** to **February 26,** **1943;**
 that I last saw her alive on **February 26,** **1943;**
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or face **Col** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife..... **Nash Montgomery** 6. (c) Age of husband or wife if alive **unk.** years
 7. Birth date of deceased **Feb. 18** **1900**
(Month) (Day) (Year)

Immediate cause of death.....
Generalized Peritonitis (Autopsy) **1 week**
Lobar Pneumonia (Autopsy) **Terminal**

8. AGE: Years Months Days If less than one day
43 **0** **18** hr. min.

Due to.....
 Due to.....
 Other conditions **Ca. of Cervix (Autopsy)** **Abt. 5 yr**
(Include pregnancy within 3 months of death)

9. Birthplace **West Point** **Miss. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**
 11. Industry or business.....

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

MOTHER FATHER

12. Name **James Stephens**
 13. Birthplace **West Point** **Miss. 1**
(City, town, or county) (State or foreign country)
 14. Maiden name **Leona Young**
 15. Birthplace **West Point** **Miss. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Augusta Kittrell**
 (b) Address **1834 Papin**

17. (a) **Removal** (b) Date thereof **2-27-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **West Point, Miss.**

18. (a) Signature of funeral director **Ellis Funeral Home**
 (b) Address **2820 Stoddard St.**

19. (a) **MAR 2 1943** (b) **J. B. Bredek**
(Date received local registrar) (Registrar's signature)

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)
 (e) Means of injury.....
 23. Signature **S. R. Bannard** (M. D. or other)
 Address **2601 Whittier** Date signed **2/27/43**

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

5802

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 L. Boy

....., Registered Apprentice No. M

working under my personal supervision.

Signed Louise Boyer

Licensed Embalmer No. 294

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.