

FILED MAR 3 1945

Registration District No. 318 Primary Registration District No. 1003

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

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:  
DEACONESS HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 7 DAYS (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN MONTEATH  
3. (b) If veteran, name war N.O. 3. (c) Social Security No.....

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MARY B MONTEATH 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased Feb 13 1865 (Month) (Day) (Year)

8. AGE:  Years 79  Months 4  Days 15 If less than one day — hr. — min.

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

10. Usual occupation COTTON BROKER

11. Industry or business.....  
MOTHER FATHER { 12. Name HUGH MONTEATH  
13. Birthplace GLASGOW SCOTLAND (City, town, or county) (State or foreign country)  
14. Maiden name MARK WALKER  
15. Birthplace GLASGOW SCOTLAND (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Robert Raessell  
(b) Address 307 FOREST AVE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof FEB-18-1945 (Month) (Day) (Year)

(c) Place: burial or cremation LITTLE ROCK ARK

18. (a) Signature of funeral director Parker and Co  
(b) Address WEBSTER GROVES MO.

19. (a) FEB 18 1945 (Date received local registrar) (b) J. F. Prude (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County ST LOUIS  
(c) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL")  
(d) Street No. 307 FOREST AVE. (If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 year 1945 hour 5 minute 2 M.

21. I hereby certify that I attended the deceased from Jan-29 1945 to Feb 18 1945 that I last saw him alive on Feb 17 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Due to Arteriosclerosis

Other conditions 94a  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature H. A. Subraja (M. D. or other)  
Address 19 E. Lockwood Date signed 2/18/45

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 362

Leslie Welch

Registered Apprentice No.

working under my personal supervision.

Signed

Carl Aldrich

Licensed Embalmer No.

1332

P. O. Address

Mobile, Alabama

**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.**