No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 23 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4612

Registrar's No. 1361

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or Institution: Mo Baptist Hosp
(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:

(a) State Mo (b) County Stoddard

(c) City or town ~~St. Louis~~ 103 N-R.
(If outside city or town limits, write "RURAL")

(d) Street No. Dexter Mo
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ida V Montgomery

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Elmer

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March (Month) 9 (Day) 1884 (Year)

8. AGE: Years 60 Months 10 Days If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business at Home

FATHER

12. Name Mathew Riddle

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Unknown

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Elmer Montgomery

(b) Address Dexter Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 10 45 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) 2-12-45 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1945 hour 6.30 pm minute M.

21. I hereby certify that I attended the deceased from Feb 6, 1945, to Feb 7, 1945, that I last saw him alive on Feb 7, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: peritonitis	3
Due to (a) Fecal impaction from colonic to sigmoid	15 days
Due to (b) Ulcerative colitis	?
(c) paralytic ileus	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations no operation.

Of autopsy yes - above findings.

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? (Specify type of place)

While at work? (f) Means of injury

23. Signature James A. Horsen (M. D. or other) M.D.

Address 3903 Olive Date signed 2-9-45

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1945

Dr Forsen

Jn 1-3

3903 Olive

1361

1361

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.