

FILED MAR 23 1945
318

1003

Registration District No. _____

Primary-Registration District No. _____

Registrar's No. 2281

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:
5774 Pershing Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town Edwardsville
(If outside city or town limits, write "RURAL")
(d) Street No. 1106 St. Louis Street
(If rural, give location) CNR
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PRESTON Spilker Montgomery
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 332-07-9716

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 9
year 1945 hour 4 minute 35 M.
21. I hereby certify that I attended the deceased from December 23, 1942 to March 9, 1945;
that I last saw him alive on February 9, 1945;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Angie Ammann Montgomery 6. (c) Age of husband or wife if alive? Abt. 55 years
7. Birth date of deceased February 25, 1888
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis
Due to Coronary artery sclerosis
Due to _____
Other conditions 94a
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>0</u>	<u>14</u>	hr. _____ min.

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

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

10. Usual occupation Pres. J. Knox Montgomery Adv. Co.

11. Industry or business Poster advertising

12. Name John Knox Montgomery

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lillie Spilker

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Angie A. Montgomery

(b) Address Edwardsville, Ill.

17. (a) Burial (b) Date thereof 3/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director [Signature]

(b) Address Clayton Rd. at Concordia Lane

19. (a) MAR 11 1945 (b) [Signature]
(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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature John L. Horner (M. D. or other) MD
Address 114 N. Taylor St. Louis Date signed 3-10-45

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

MOTHER FATHER

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.....

..... Licensed Embalmer No..... 1994

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.