S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11581

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3289

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution: 3837 Utah St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3837 Utah St. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Mary Margaret Montfort

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or White

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

6. (b) Name of husband or wife Joseph Montfort

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 14th (Month) 1891 (Day) (Year)

8. AGE: Years 53 Months 10 Days 27 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Wm. Murphy
13. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Williams
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joseph Montfort

(b) Address 3837 Utah St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Kingbermuehl F. Home

(b) Address 3819 S. Grand Blvd

19. (a) APR 13 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 11 year 1945 hour 10/20 P.M. minute M.

21. I hereby certify that I attended the deceased from March 14th, 1945 to April 11th, 1945 that I last saw her alive on April 11th, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malignant hypertension	Several years
Due to	
Due to Chronic nephritis	
Chronic myocarditis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 C. G. Spingle (M. D. or other)

Address 2278 S. Jefferson Date signed 4-12-45

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.