

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED MAY 2 1946

STANDARD CERTIFICATE OF DEATH
1003

State File No. 15024
3739
Registrar's No.

Registration District No. 318 Primary Registration District No.

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:
Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... (Specify whether years, months or days) 22

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. 5005 Cabanne
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME James White Monteath

3. (b) If veteran, name war No 3. (c) Social Security No. Yes

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Div. 3

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

7. Birth date of deceased Dec. 16th 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 4 8 hr. min.

9. Birthplace Glasgo Scotland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business DePaul Hospital

MOTHER FATHER

12. Name Unknown

13. Birthplace Glasgow Scotland 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Glasgow Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edward Monteath

(b) Address 7465 Drexel Drive, U. City, Mo.

17. (a) Burial (b) Date thereof. 4-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Alexander J. Jones
(b) Address 6175 Delmar Blvd.

19. (a) APR 24 1946 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1946 hour..... minute 30 A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation and suffocation
Due to 13" plastic bag as about 80% of body suffocated in fire in room on April 23 1946 about 9:00 clock. he was not clothed and came ignited from lighter cigarette.
Other condition Extensive damage to building about 300 sq ft contents
Major surgery 181-1
Of operations

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) Accident

(b) Date of occurrence April 23 1946

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

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

23. Signature Arthur C. Taylor (M. D. of other) leg
Date signed 4/24/46

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

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.

Not embalmed

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.