

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38922**
Registrar's No. **9859**

FILED DEC 2 1946
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, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. Pacific Hospital
(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 Mo. (b) County.....

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

(d) Street No. 6839 Bradley Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Montgomery, Walter Cleveland

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive 54 years
1888 (Year)

7. Birth date of deceased: April 21 1888
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 26
If less than one day: hr. min.

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

10. Usual occupation Switchman

11. Industry or business Terminal R. R. Co.

MOTHER FATHER { 12. Name John Montgomery

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

14. Maiden name Martha Manners

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

16. (a) Informant Emma Montgomery

(b) Address 6839 Bradley Ave.

17. (a) Burial (b) Date thereof 11 20 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 19 1946 (b) J. F. Pudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1946 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 19
1946 to Nov 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma right testicle
Carcinoma of ovary

Due to.....

Due to..... 51

Other conditions: (Include pregnancy within 3 months of death)

Duration

1 yr

Major findings: Ca of testicles

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?.....

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

23. Signature Vince J. Eubank (M. D. or other).....
Address 175 So. Grand Date signed 11-17-46

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 H. Bennett

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.