

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11303
Registrar's No. 2478

Registration District No. 318 Primary Registration District No. 1003

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:
3900 Flora Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
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. 3900 Flora Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ELMER MONTGOMERY
(b) If veteran, name war None
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 9th
year 1947 hour 11:25 minute..... A. M.
21. I hereby certify that I attended the deceased from
Aug 10 1945 to Mar 9 1947
that I last saw him alive on Mar 9 1947
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 Widowed
6. (b) Name of husband or wife Late Ida
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 9-186 1880
(Month) (Day) (Year)

Immediate cause of death.....
Chronic myocarditis
Due to.....
9/2
Due to.....

8. AGE: Years Months Days If less than one day
67 0 0 hr. min.

Other conditions Pneumonia
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Dexter Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Public Service (Retired)

11. Industry or business.....
12. Name Wm. J. Montgomery
13. Birthplace Dexter Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Norman
15. Birthplace Dexter Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Montgomery
(b) Address 3900 Flora Blvd.
17. (a) Burial (b) Date thereof 3 11 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) MAR 10 1947 (b) J. F. Brunck
(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?
While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature J. F. Brunck (M. D. or other).....
Address 2026 29 Date signed 3/10/47

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.

Signed..... *Richard W. Stovessand*
Licensed Embalmer No..... *4007*
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.