. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43338

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11856

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Infirmary Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-14-47/12-27 (Specify whether 47
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ado

(c) City or town City 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2500 S. 18 th St. 9
(If rural, give location)
823

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

If yes, name country

3. (a) PRINT FULL NAME Catherine Montgomary.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Charles Wm

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

7. Birth date of deceased ? NOV (Month) 1 (Day) 1868 (Year)

8. AGE: Years 79 Months 1 Days 26 If less than one day hr. min.

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

10. Usual occupation Umemp.

11. Industry or business

FATHER
12. Name Jerome Sullvan. 4
13. Birthplace Ireland (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Helen Scanlon
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen-Kelly
(b) Address 4380 Lindell

19. (a) DEC 28 1947 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27
year 47 hour 4:55 minute 55a. M.

21. I hereby certify that I attended the deceased from 10 14, 1947 to 12-27-, 1947
that I last saw her alive on 12-27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the breast with
Due to metastasis
Due to heart failure
Other conditions umbilical hernia large
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy refused

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature M. P. Sponey (M. D. or other)

Address 5600 Arsenal Date signed 12-27 47

Jefferson City Printing Co.

(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 James G. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.