No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17856

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4395

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution 1117 John Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 70years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000.

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

(d) Street No. 1117 John Ave 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Augusta Montgomery

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

7. Birth date of deceased July (Month) 13 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
86	9	25	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Frederick Eggert

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

14. Maiden name Unknown

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

16. (a) Informant Herman Schlueter

(b) Address 1117 John Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-48 (Month) (Day) (Year)

(c) Place: burial or cremation Salem Black Jack Cem.

18. (a) Signature of funeral director Math. Hermann & Son, Inc

(b) Address 2161 E. Fair Ave.

19. (a) MAY 18 1948 (Date received local registrar) (b) J. F. Mosed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1948 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 17, 1948 to May 8, 1948 that I last saw h... alive on May 8, 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Lobar Pneumonia
as a
embolus cardiac

Due to Chronic Nephritis
dots.

Due to

Other conditions
(Include pregnancy within 3 months of death) 108

Major findings:
Of operations

Of autopsy

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

23. Signature Ann Ross (M. D. or other) M.D.

Address 1918 9th St. Jo. Date signed

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.....Allen W. Katz

Licensed Embalmer No.....3737

P. O. Address.....2161 Fair

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.