FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21165

FILED JUN 28 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5473

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 De Paul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Minutes (Specify whether
In this community 56 years
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. 2530 West Palm St. 9
20 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mr. Elzie J. Montroy

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Mrs. Mary J. Montroy

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased December 27th, 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation Shoe worker

11. Industry or business Samuel Shoe Co.

FATHER
12. Name Joseph Montroy
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sally Long
15. Birthplace Illin ois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary J. Montroy
(b) Address 2530 West Palm St.

17. (a) Burial (b) Date thereof 6-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Catholic Cemetery
St. Genevieve Mo.

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) JUN 16 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th
year 1948 hour 11:30 minute AM M.

21. I hereby certify that I attended the deceased from June, 1939, to June 15, 1948
that I last saw him alive on June 15, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	3 hrs
Due to	
Due to 94 a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Coronary occlusion rupture left ventricle

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 Chas. Jost (M. D. or other) M.D.

Address 3500 W. Grand Date signed 6-16-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Av

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.