

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34494
State File No. 8851
Registrar's No.

FILED OCT 23 1948 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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. L. City Hosp. #1, Max C. Starkloff Mem.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
6 years (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County lud
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1515 South Seventh Street 9
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT MARTHA BETTY MONTGOMERY
FULL NAME
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 9th
year 1948 hour 9:30 minute _____ A.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased September 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: abt- 65 Years Months Days If less than one day
? ? hr. min.

Immediate cause of death Chronic interstitial Nephritis; Chronic myocarditis
Due to _____
Due to _____

9. Birthplace Rector, Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation House-wife

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

11. Industry or business AtHome
12. Name Alphie's Young
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Frances Jenkins
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Wayne Montgomery
(b) Address 1618 So. 3rd Street
17. (a) Removal (b) Date thereof 10-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rector, Arkansas
18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Ave
19. (a) OCT 13 1948 (b) J. B. Luster
(Date received local registrar) (Registrar's signature)

23. Signature Patrick E. Taylor (M. D. or other) 2
Address deputy Coroner Date signed _____
While at work _____ (Specify type of place) (c) Means of injury _____

1988

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

C. H. Cooper

Licensed Embalmer No. *3830*

P. O. Address *2301 Lafayette*

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.