S. No. 300
v. 10.48

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25024
Registrar's No. 6574

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4515 McPherson Avenue.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2129
d. STREET ADDRESS (If rural, give location) 4515 McPherson Avenue.,

3. NAME OF DECEASED (Type or Print)
a. (First) Willis
b. (Middle) Harvey
c. (Last) Montgomery

4. DATE OF DEATH (Month) (Day) (Year) July 21, 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Feb 27 1867
9. AGE (In years last birthday) 84
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Public Service
11. BIRTHPLACE (State or foreign country) 9
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME Frances H. Taylor
14. NAME OF HUSBAND OR WIFE Roxie Lee VaLeu

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. 489-12-4776
17. INFORMANT'S SIGNATURE OR NAME Minnie E. Livingston
ADDRESS 4515 McPherson

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 5 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarction — 5 wks.
DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? H201

22. *I hereby certify that I attended the deceased from* 7-15, 1951, *to* 7-20, 1951, *that I last saw the deceased alive on* 7-20, 1951, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE A. K. Friebel (Degree or title) MD
23b. ADDRESS 360 Washington
23c. DATE SIGNED 7-21-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Keokuk, Iowa

DATE REC'D BY LOCAL REG. JUL 23 1951
REGISTRAR'S SIGNATURE J. B. Sander
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe
ADDRESS 4700 Washington Blvd

(Licensed Embalmer's Statement on Reverse Side)

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

6574

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 _____ _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis, Mo

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.