S. No. 300
Rev. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33250

OCT 1 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8644

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 30 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

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 2319
d. STREET ADDRESS (If rural, give location): 2027 Franklin 6 21

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

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12 1952

5. SEX: Female 3

6. COLOR OR RACE: Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: June 16, 1902

9. AGE (In years last birthday): 50
If under 1 year: Months | Days
If under 1 hr.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and State or Foreign Country): Mississippi 1

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Tom Ollie

13b. MOTHER'S MAIDEN NAME: Amanda Crawford

14. NAME OF HUSBAND OR WIFE: Rev. B. Montgomery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Rev. B. Montgomery, 2027 Franklin

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) Carcinoma of Cervix with Metastases — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

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? 171 X

22. *I hereby certify that I attended the deceased from* 8-27, *19* 52 *to* 9-12, *19* 52, *that I last saw the deceased alive on* 9-12, *19* 52 *and that death occurred at* 6:40a *m., from the causes and on the date stated above.*

23a. SIGNATURE Wm. H. Reed 0 (Degree or title): M. D.

23b. ADDRESS: 2601 N Whittier St

23c. DATE SIGNED: 9-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Shipped 2

24b. DATE: 9-18-52

24c. NAME OF CEMETERY OR CREMATORY: unknown

24d. LOCATION (City, town, or county) (State): Pontotoc, Miss.

DATE REC'D BY LOCAL REG.: SEP 15 1952

REGISTRAR'S SIGNATURE: J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Dement & Son 2629-31 Cole St

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 45-75 Aldine

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.