

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43657****11035**

FILED DEC 24 1952

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4573 Enright-Residence		d. STREET ADDRESS (If rural, give location) 4573 Enright	
3. NAME OF DECEASED (Type or Print) Josephine		a. (First)	
b. (Middle) Broder		c. (Last) Montgomery	
4. DATE OF DEATH (Month) (Day) (Year) 11 26 52		5. SEX Female	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	
8. DATE OF BIRTH March 16, 1925		9. AGE (In years last birthday) 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Housecare	
11. BIRTHPLACE (City and State or Foreign Country) Russelville, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Roosevelt Montgomery		13b. MOTHER'S MAIDEN NAME Dorothy Glass	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Roosevelt Montgomery	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. ADDRESS 3003 A. Dickson	
19. DATE OF OPERATION		19. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		MEDICAL CERTIFICATION	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4343	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 p. m., from the causes and on the date stated above.			
23. SIGNATURE Patricia E. Taylor		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12-1-52		24. LOCATION (City, town, or county) (State) LeMay, Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 2, 1952	
24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		24d. LOCATION (City, town, or county) (State) LeMay, Missouri	
DATE REC'D BY LOCAL REG. DEC 1 1952		REGISTRAR'S SIGNATURE J. C. Smith	
25. FUNERAL DIRECTOR'S SIGNATURE J. C. Smith		ADDRESS 1221 N. Grand Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Guyton Swann*
Licensed Embalmer No. 45 80

P. O. Address 12217 Grand B

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.