

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44984**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12158**

FILED JAN 26 1953

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) 2267 OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Honer & Philips		d. STREET ADDRESS (If rural, give location) 21 2902 Dickson	
3. NAME OF DECEASED (Type or Print) ELAM MONTGOMERY			4. DATE OF DEATH (Month) (Day) (Year) Dec. 30 1952
5. SEX Male	6. COLOR OR RACE Cal	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH aug 25 1887
9. AGE (In years last birthday) 65		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Labour
11. BIRTHPLACE (City and State or Foreign Country) Kithrell Tex		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Spencer Montgomery		13b. MOTHER'S MAIDEN NAME Martha not known	
14. NAME OF HUSBAND OR WIFE Mary Montgomery		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW #1	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mary Montgomery ADDRESS 2902 Dickson	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 222 1-3 # Secret Burns of ANTECEDENT CAUSES 40% of Body suffered when French Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cough fed in home unknown DUE TO (c) burning because on sec. 28 1952 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. at about 6:30 A.M. when Charles - Ill	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accidental	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) HOMICIDE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Catholic Ill		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ill 212	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-28-52		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? See above		21g. E8240 F-33	
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 12:30 pm. , from the causes and on the date stated above.			
23a. SIGNATURE Joseph M. ...		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 1/4/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	
24b. DATE 1-5-53		24c. NAME OF CEMETERY OR CREMATORY Mary's Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo		25. FUNERAL DIRECTOR'S SIGNATURE W.A.D. Richardson ADDRESS 2625 ...	
DATE REC'D BY LOCAL REG. JAN 5 1953		REGISTRAR'S SIGNATURE W.A.D. Richardson	

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

(Licensed Embalmer's Statement on Reverse Side)

FACT

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 AD Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.