

FILED AUG 24 1956

STANDARD CERTIFICATE OF DEATH

State File No. 28866
Registrar's No. 6599

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 4003

1. PLACE OF DEATH
a. COUNTY MISSOURI

b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 52 Yrs.
c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS HOSPITAL
e. STREET ADDRESS (If rural, give location) 10 4232, LEXINGTON 2109

3. NAME OF DECEASED
a. (First) FLORENCE
b. (Middle) MONTGOMERY
c. (Last) MONTGOMERY
4. DATE OF DEATH (Month) (Day) (Year) 7 -- 12 -- 1956

5. SEX FEMALE
6. COLOR OR RACE COL.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 10 -- 20 -- 1885
9. AGE (In years last birthday) 70
If UNDER 1 YEAR: Months 8 Days 21
If UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY Domestics
11. BIRTHPLACE (City and State or Foreign Country) CLARKSVILLE MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME EVELYN HARRIS
14. NAME OF HUSBAND OR WIFE F.M. MONTGOMERY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. 2
17. INFORMANT'S SIGNATURE OR NAME F.M. Montgomery
ADDRESS 4332, Lexington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) My persistent Heart Disease.
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 3 MO

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 443x
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?

22. I hereby certify that I attended the deceased from 3/15, 1956, to 7/12, 1956, that I last saw the deceased alive on 7/12, 1956, and that death occurred at 11:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Earl Smith M.D.
23b. ADDRESS 3146 W. Laclede 5th
23c. DATE SIGNED 7/13/56

24a. BURIAL, CREMATION, REMOVAL
24b. DATE 7 - 14, 1956
24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEMETERY
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. Earl Smith M.D.
5.62 (Licensed Embalmer)
FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. H. Houston, 2616, North Garrison

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

STATEMENT BY LICENSED EMBALMER

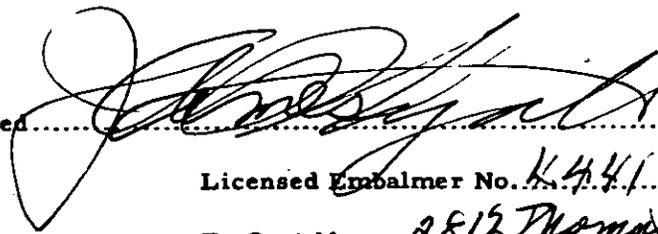
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 4441

P. O. Address 2812 Thomas

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.