FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25818

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 197

1. PLACE OF DEATH
a. COUNTY: Saint Charles
b. CITY OR TOWN: Saint Charles — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph's Hosp. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Chas.
c. CITY OR TOWN: Saint Charles — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 308 Boonslick — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: David Middle: Joseph Last: Montgomery

4. DATE OF DEATH: Month Aug. Day 8 Year 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug. 6, 1957
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days 1; IF UNDER 24 HRS. Hours 22 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Saint Charles, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Orville Joseph Montgomery
13b. MOTHER'S MAIDEN NAME: Marie Rose Kapeller
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: O.J. Montgomery, St. Charles, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Fetal atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Prematurity — 2 days
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 7625

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from August 6 1957, to Aug 8, 1957 and last saw ~~her~~ him alive on August 8, 1957
Death occurred at 9:40 P M m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: William H Poggemeier (Degree or title) MD
22b. ADDRESS: 200 Clay St Charles, Mo
22c. DATE SIGNED: August 8, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 9, 1957
23c. NAME OF CEMETERY OR CREMATORY: St. Peter's Cemetery
23d. LOCATION (City, town, or county) (State): Saint Charles, Mo.

24. FUNERAL DIRECTOR: W.C. Dallmeyer Funeral Home ADDRESS: St. Charles, Mo
25. DATE RECD. BY LOCAL REG.: Aug-9-57
26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Body not embalmed

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. .....

P. O. Address .....

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.