. Health,
& Welfare
. Public
h Service

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FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-019966
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5367

**1. PLACE OF DEATH**
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Missouri Baptist Hosp. — Length of stay in 1b: 2 269

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1848A Madison — Reside on Farm: Yes ☐ No ☐

6 16

**3. NAME OF DECEASED** (Type or print)
First: Londal — Middle: Wayne — Last: Montgomery

**4. DATE OF DEATH** Month Day Year: Foburary 28, 1958

**5. SEX:** Malo

**6. COLOR OR RACE:** White

**7.** MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

**8. DATE OF BIRTH:** 2-28-58

**9. AGE** (In years last birthday): IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours 2, Min.

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

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (City and state or country): St. Louis, Missouri

**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME:** Lendal Gene Montgomery

**13b. MOTHER'S MAIDEN NAME:** Shirley Ruthett Graves

**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)

**16. SOCIAL SECURITY NO.**

**17. INFORMANT:** Shirley R. Montgomery — Address: St. Louis 6, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Atelectasis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Prematurity (28 wks)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 762.5

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒ 2

**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 2-28-58 to ____ and last saw him alive on 2-28-58
Death occurred at 2-28-58 9:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): George Anstey M.D.

**22b. ADDRESS:** 4660 Maryland Ave

**22c. DATE SIGNED:** 5-3-58

**23a. BURIAL, CREMATION, REMOVAL** (Specify)

**23b. DATE:** 5-3-58

**23c. NAME OF CEMETERY OR CREMATORY:** Anatomical Board

**23d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**24. FUNERAL DIRECTOR:** Loveland-Aker — **ADDRESS:** 4104 Manchester

**25. DATE RECD. BY LOCAL REG.:** MAY 22 '58

**26. REGISTRAR'S SIGNATURE:** J. Earl Smith M.D. M.S.C.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

## 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 ..... Signed .....
Signature of Student Embalmer

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.