

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015448

STATE FILE NUMBER

FILED APR 20 1959

Registration District No.

Primary Registration District No.

Registration No. 3140

Health,  
Welfare  
Public  
Service

300

1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Affton 4830	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hosp.		d. STREET ADDRESS (If outside, give location) 4325 Bellewood	
3. NAME OF DECEASED (Type or print) First Middle Last May S. Montgomery		4. DATE OF DEATH Month Day Year Mar. 27, 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 29, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years at birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Andrew Langford		13b. MOTHER'S MAIDEN NAME Pauline Woehrlin	
14. NAME OF HUSBAND OR WIFE James R. Montgomery		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none	
16. SOCIAL SECURITY NO. unk.		17. INFORMANT James R. Montgomery, 4325 Bellewood	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Cervix Uteri			INTERVAL BETWEEN ONSET AND DEATH 3 yrs 7
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 171X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Stroke on neck			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 3/10/59 to Mar 27-59 and last saw <sup>her</sup> alive on Mar 26-59 Death occurred at 145 a.m. on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert G. Gahmer (Degree or title) M.D.		22b. ADDRESS 818 Olive St St Lmo	
22c. DATE SIGNED Mar 28-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 3-30-59	
23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cem.		23d. LOCATION (City, town, or county) (State) Edwardsville, Ill.	
24. FUNERAL DIRECTOR Southern Funeral Home 6322 S. Grand, St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. MAR 29 '59	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

M. D. B.

Call Dr Warner  
about 1 PM  
Ch: 14747

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 *David Van Fossen* .....

Licensed Embalmer No. *1242* ..  
P. O. Address *57 Lewis Ave* ..

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.