

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015449
STATE FILE NUMBER
2 3995

FILED MAY 6 1959

Registration District No. Primary Registration District No.

Registrar's No.

300
1-57
1
983
0

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 <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PARK LANE HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>3841 WASHINGTON AVE</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM MONTGOMERY</u>		4. DATE OF DEATH Month Day Year <u>APRIL 19, 1959</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 14, 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRUGGIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PHARMACY</u>	11. BIRTHPLACE (City and state or country) <u>CLINTON, MO.</u>
13a. FATHER'S NAME <u>JOHN P. MONTGOMERY</u>		13b. MOTHER'S MAIDEN NAME <u>SUSIE ADAIR</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR #1</u>		16. SOCIAL SECURITY NO. <u>499-05-2435</u>	17. INFORMANT Address <u>LOUISA M. AUSTIN 402 WHITE HEAD AVE. WILSON, N. CAROLINA</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral edema on</u> DUE TO (b) <u>reflex tetanus</u> DUE TO (c) <u>brachial plexus</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>			INTERVAL BETWEEN ONSET AND DEATH <u>420.1</u>
20a. ACCIDENT SUICIDE HOMICIDE <u>None</u> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>none</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>none</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	
20e. INJURY OCCURRED WHILE <input checked="" type="checkbox"/> AT WORK OR NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>CLINTON, MO.</u>	
21. I attended the deceased from <u>Dec 1 1958</u> to <u>April 19 59</u> and last saw her alive on <u>April 18 59</u> Death occurred at <u>5 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M. J. Hermann M.D.</u>		22b. ADDRESS <u>2739 N. Grand Ave. St. Louis, MO.</u>	
22c. DATE SIGNED <u>4/20-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>RR</u>		23b. DATE <u>APRIL 23, 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>CLINTON, MO.</u>	
24. FUNERAL DIRECTOR <u>SUED MEYER 9 SONS</u>		25. DATE RECD. BY LOCAL REG. <u>APR 23 '59</u>	
ADDRESS <u>3934 N. 20TH</u>		26. REGISTRAR'S SIGNATURE <u>Loard Smith, M.D.</u>	

mjb

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 *Elmo R. Padua*

Licensed Embalmer No. *4077*

P. O. Address *St. Louis*

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.