

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

59-023618

STATE FILE NUMBER

FILED JUN 22 1959

Registration District No.

317

Primary Registration District No.

542

Registrar's No.

1646

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 1-57

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1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ferguson</b>		c. CITY OR TOWN <b>Ferguson 4119</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>430 Harrison Ave.</b>		d. STREET ADDRESS <b>430 Harrison Ave.</b>	
Length of stay in lb <b>33 Mrs</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Aloysius Montrey</b>			4. DATE OF DEATH Month Day Year <b>6-17-59</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-17-88</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Chief Police</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Police</b>	11. BIRTHPLACE (City and state or country) <b>Florissant, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Joseph Montrey</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Pressey</b>	14. NAME OF HUSBAND OR WIFE <b>Monica Edna Montrey</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>NO None</b>	16. SOCIAL SECURITY NO. <b>493-36-1369</b>	17. INFORMANT Address <b>Edna Montrey 430 Harrison Ave.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive heart failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
DUE TO (b) <b>Arterio sclerotic heart disease</b>		
DUE TO (c) _____		<b>8 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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
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21. I attended the deceased from Death occurred at <b>1:35 AM</b> on <b>6-17-59</b> to <b>6-17-59</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>6/16/59</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>James T. Steele, M.D.</b>	22b. ADDRESS <b>40 N. Florissant Rd.</b>	22c. DATE SIGNED <b>6/18/59</b>
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23a. FUNERAL PREPARATION, REMOVAL, AND BURIAL	23b. DATE <b>6-19-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Ferdinand Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Florissant, Missouri</b>
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24. FUNERAL DIRECTOR <b>White-Mullen</b>	ADDRESS <b>118 N. Florissant Rd.</b>	25. DATE RECD. BY LOCAL REG. <b>6-18-59</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....  
Signature of Student Embalmer

Signed *Randall K. Lohmann* .....

Licensed Embalmer No. *3395* .....

P. O. Address *St. Louis 30* .....

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.