

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-006747

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1377 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED VS FEB 28 1961

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. # 1 Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN ST. LOUIS Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 3112<sup>a</sup> CHEROKEE Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Ray Middle \_\_\_\_\_ Last Montgomery 4. DATE OF DEATH Month 2 Day 9 Year 61

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married   
 Widowed  Divorced  8. DATE OF BIRTH SEPT. 16 1891 9. AGE (last birthday) 69  
 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PRODUCE DEALER 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME HENRY MONTGOMERY 13b. MOTHER'S MAIDEN NAME DELLA DAIRCE 14. NAME OF HUSBAND OR WIFE ELSA MONTGOMERY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 17. INFORMANT Address ELSA MONTGOMERY 3112<sup>a</sup> CHEROKEE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Aspiration pneumonia  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sanguine of leg  
 DUE TO (c) 4501  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_ PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

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 \_\_\_\_\_ 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 1/27/61 to 2/9/61 and last saw her/him alive on 2/9/61  
 Death occurred at 5:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Elmer Schaefer, M.D. 22b. ADDRESS 1515 Lafayette Ave. 22c. DATE SIGNED 2/9/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE FEB. 13 1961 23c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS 23d. LOCATION (City, town, or county) (State) ST. LOUIS Mo

24. FUNERAL DIRECTOR ADDRESS Thomas Kutha 2906 Grannis 25. DATE FILED BY LOCAL REG. FEB 10 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

Corrected due to misrecording

**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

*Eleana Province*

Licensed Embalmer No.

*3403*

P. O. Address

*2906 Grove*

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.