

In Branch 907 City Conn

1 PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

22511569

County Genesee

CERTIFICATE OF DEATH

Township _____

Village _____

City Flint

(No. Kersley & Center Roads St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Register No. 871

2 FULL NAME Herman Montiegel Jr.

(a) Residence No. 1819 Kentucky Ave. St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (WRITE the word) Single

16 DATE OF DEATH (Month, day and year) July 3; 1930

5a If married, widowed or divorced HUSBAND of _____ (or) WIFE of _____

17 I HEREBY CERTIFY, that I attended deceased from _____ to July 3, 1930 and that I last saw him alive on July 3, 1930 and that death occurred on the date stated above at 4 P.m.

6 DATE OF BIRTH (Month, day and year) December 27, 1918

The CAUSE OF DEATH* was as follows: Thrown

7 AGE Year- Months Days If LESS than 1 day hrs. OR min. 11 6 6

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Student 3 (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer. _____

CONTRIBUTOR (duration) yrs. mos. ds. Accidental in City of Flint (duration) yrs. mos. ds. _____

9 BIRTHPLACE (city or town) (state or country) Wheeling, W. Virginia

18 Where was disease contracted If not at place of death? _____

10 NAME OF FATHER Herman Montiegel

Did an operation precede death? _____ Date of _____

11 BIRTHPLACE OF FATHER (city or town) (state or country) Cincinnati Ohio

Was there an autopsy? _____

12 MAIDEN NAME OF MOTHER Freda Maier

What test confirmed diagnosis? Plumely

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany

J. P. Reading, Coroner, Genesee
(Signature) _____ M. D.

14 Informant Herman Montiegel (Address) 1819 Kentucky Ave.

7-5-30 Address Flint Mich.

15 Filed 7-5-30 Registrar. G. T. Gray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

(See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Sun Set Hills Cem. Date of Burial July 7 1930
20 UNDERTAKER G. T. Gray Address Flint