

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

18808

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township *St Louis*..... Primary Registration District No. **1003**
 City *St Louis* (No. *18th & Cass*).....

File No.....
 Registered No. **4168**.....
 St. Ward)

2. FULL NAME

(a) Residence. No. *1317 Hogan St.* St. *21* Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* | 4. COLOR OR RACE *White* | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Don't know*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 65

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

9. BIRTHPLACE (CITY OR TOWN) *Spain*
 (STATE OR COUNTRY)

10. NAME OF FATHER *Henry Humby*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *U.S.*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Don't know*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *U.S.*
 (STATE OR COUNTRY)

14. INFORMANT *Mrs. Mattie Austerma*
 (Address) *1317 Hogan St.*

15. MAY - 3 1927 FILED *Max G Staroboff*
 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 30 1927*

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on *1/30 P.* 19....., and that death occurred, on the date stated above, at *St. Louis* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Exh. Miss (Internal)
Received when struck by Auto in City
 CONTRIBUTORY (SECONDARY) *Accident*

18. WHERE THE DISEASE COMMENCED *8188 C*
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) *Wm Dyer* M.D.
5127 (Address) *Dep Coronet*

*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.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Bellefontaine* DATE OF BURIAL *May 4 1927*

20. UNDERTAKER *Hy Gidner & Co* ADDRESS *1417 2nd market*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

