

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

Do not use this space.

29546

1. PLACE OF DEATH

County..... Registration District No. 701 File No.
 Township..... Primary Registration District No. 700B Registered No. 8731
 City St. Louis (No. Peoples Hospital) St. Ward)

2. FULL NAME

Ralph J. Humphrey
 (a) Residence. No. #241 at market St. 11 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE negro
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5, 1904
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24. 11 18
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work laborer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER Harry E. Humphrey
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boonville
 (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Letitia Beulah
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miss
 (STATE OR COUNTRY)

14. INFORMANT Harry E. Humphrey
 (Address) #241 at market
 15. FILED 19 Max C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-23-29
 17. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 6:01 a.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & injuries
fracture of rib
caused when struck
by falling roof of Box
car & accident
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? DATE OF.....
 WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS 176
 (Signed) Frank Dwyer M.D.
914 59 (Address) Coroner

*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 Washington Park DATE OF BURIAL 8/27 1929
 20. UNDERTAKER W. Russell ADDRESS 217 324

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.

RECORD

