

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

Do not use this space.

1. PLACE OF DEATH

County.....
Towship.....
City St. Louis Mo. (No. 1219a S. Broadway)

Registration District No. 791
Primary Registration District No. 1003

File No. 3075
Registered No. 564
St. _____ Ward _____

2. FULL NAME Benjamin J. Humphries.

(a) Residence. No. 1219a Broadway St. REEB. 22 Ward.

(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 White. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/21/1859.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 11 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer) Retired.
(c) Name of employer Railroad Office

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada.

10. NAME OF FATHER Not Known.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known.

12. MAIDEN NAME OF MOTHER " " " "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known.

14. INFORMANT Leonard Batterley
(Address) 4950 N. Winona

15. FILED JAN 17 1930 W. C. Horton REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-17-30. 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1930 to Jan 18, 1930 that I last saw him alive on Jan 16, 1930, and that death occurred, on the date stated above, at 4 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis
Subeural

CONTRIBUTORY (SECONDARY) Pneumonia (duration) 1 yrs. 1 mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH 1219a S. Broadway

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physician finding
(Signed) A. R. Dougherty, M. D.

, 1930 (Address) Century

*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 Valhalla Crematory. DATE OF BURIAL 1/20/31930

20. UMBERTAKER Lowndes & Co. ADDRESS 3710 Grand

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.

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