

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

Do not use this space.

38173

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 5504 Bates Ave)

File No.....
Registered No. 11351
St. Ward)

2. FULL NAME

Eleanor Humes

(a) Residence. No. St. 5 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 Female 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 John P Humes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 26 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Thomas Walker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Martha Bryan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT John P Humes
(Address) 5504 Bates Ave

15. FILED DEC 3 1930 My E. Starnes REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/30 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1930, to Nov 29, 1930, that I last saw her alive on Nov 29, 1930, and that death occurred, on the date stated above, at 11:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial infarction
1180 (duration) yrs. mos. ds. sudden
CONTRIBUTORY (SECONDARY) Acute Bronchitis Kind of food could not be ascertained (duration) yrs. mos. ds. 6

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF -
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.
(Signed) Harry H. Bruyer, M. D.
171. 1930 (Address) 4903 Delmon

*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 Cabany DATE OF BURIAL 12-4 1930
ADDRESS 2039 Ward St

20. UNDERTAKER Arthur J. Donnelly

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.

1. 10. 19. 1900

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Feb 1000