MAR 27 19[illegible]

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

Do not use this space.

6918

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033B — Registered No. 47
City Pine Lawn (No. 3470 Pine Grove St. Ward)

2. FULL NAME LEWIS C. HUMPHRIES
(a) Residence. No. 3470 Pine Grove St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 7 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13 - 1888

7. AGE: Years 42 — Months 7 — Days 20 ~~19~~ — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work INSURANCE 141
(b) General nature of industry, business, or establishment in which employed (or employer) SUPERVISOR
(c) Name of employer METROPOLITAN LIFE

9. BIRTHPLACE (CITY OR TOWN) PERRY
(STATE OR COUNTRY) MAINE

PARENTS
10. NAME OF FATHER ALEXANDER HUMPHRIES
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(~~STATE OR~~ COUNTRY) CANADA 5
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(~~STATE OR~~ COUNTRY) Canada

14. INFORMANT Mrs. Lewis Humphries
(Address) 3470 Pine Grove Ave.

15. FILED 2/4, 1931 Rolla Bracy, N.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1931

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 10 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asphyxia Due to illuminating gas: accidental, while under the influence of alcohol. (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) ___ (duration) ___ yrs. ___ mos. ___ ds.

178

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Pine Lawn Mo 36
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) John O'Connell, M.D.
2/3, 1931 (Address) Coroner St. Louis County

*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: PORTLAND MAINE — DATE OF BURIAL: Feb 7 1931

20. UNDERTAKER: Tanner Funeral Home, L. B. Tanner — ADDRESS: 6107 National Bridge Rd

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.