

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

Do not use this space.

MAY 7 1937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

Registration District No. 791
Primary Registration District No. 1003
Isolation Hospital

File No. 14047
Registered No. 3543
St. Ward

2. FULL NAME Elizabeth Humble

(a) Residence, No. Link & Page, Clayton, Mo. NR Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 65 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 0 57

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Fuettörer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Wm. Humble Jr.
(ADDRESS) Page and Link, Clayton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 5-2 1937

19. UNDERTAKER Nell Walsh Barnes
(ADDRESS) 1416 St. Louis Ave E. St. Louis, Ill.

20. FILED APR 1 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 28, 1937, to Mar. 30, 1937

I last saw her alive on Mar. 30, 1937. Death is said to have occurred on the date stated above, at 10:05 P.M.

The principal cause of death and related causes of importance were as follows:

Erysipelas facial Date of onset 3-25-37

Other contributory causes of importance: 15

Name of operation none Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Sammy J. Uhlrich, M. D.

(Address) 500 Central

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

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