MAY 7 1937

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

Do not use this space.
14612

791
1003

1. PLACE OF DEATH
County
Township
City St. Louis, Mo (No. , City Sanitarium St. Ward)

Registration District No.
Primary Registration District No.

File No.
Registered No. 4108

2. FULL NAME Dr. George A. Humpert
(a) Residence, No. Christian Hospital St., 9 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 19, 1860.

7. AGE: Years 76 Months 10 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Physician
10. Date deceased last worked at this occupation (month and year): Unknown
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Hubert P. Smith 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE April 20 1937

19. UNDERTAKER (ADDRESS): Frost Carlyle 4200 Laclede Ave.

20. FILED APR 19 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-15-37, 19, to 4-16-37, 19
I last saw him alive on 4/16/37, 19. Death is said to have occurred on the date stated above, at 4:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis 4-16-37x	

Other contributory causes of importance:
Arteriosclerosis 4-16-37x

Name of operation Date of
What test confirmed diagnosis? 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) Hubert P. Smith, M. D.
(Address) 5400 Arsenal St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.