

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.

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

REC'D MAR 14 1938

4870
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis Mo.** (d) Street No. **Bethesda Home** Registered No. **1515**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Arkless Humphrey 516**

(a) Residence, No. St. **W R** **Steelville Mo.**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Sally Humphrey**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **4-1-1860**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **ret. carpen te**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **40**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Millar Co. Mo.**

FATHER 13. NAME **Andrew Jackson Humphrey**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unkno wn**

MOTHER 15. MAIDEN NAME **Jane Law**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Ely Miller Cub a Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Steelville Mo.** DATE **Feb. 13. 38**

19. FUNERAL DIRECTOR (ADDRESS) **Alexander and Sons 6175 Delmar Bl vd.**

20. FILED **FEB 11 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-11-1938**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 13**, 19**37**, to **Feb 11**, 19**38**

I last saw him alive on **2-11-38**. Death is said to have occurred on the date stated above, at **11:30 a.m.**

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

Uremia
Date of onset

Other contributory causes of importance:

**Chronic interstitial nephritis
Hypertrophy of Prostate
Arteriosclerosis
From art. specimen of aortic**

Name of operation Date of operation **Feb 10**

What test confirmed diagnosis? Was there an autopsy? **no**

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? **no**

If so, specify **John W Stewart** (Signed), M. D.

(Address) **Steelville Mo**

J. W. Stewart
~~Fisher~~ ~~2:30~~ 204 P.M.
Sister Bldg. 2:30 to 4 P.M.

STATEMENT BY LICENSED EMBALMER

I, Jos. E. McCulloch, Licensed Embalmer No. 2460
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

.....L. E.
No. Ernst Altman by Ernst Altman, Registered Apprentice No. —
working under my personal supervision.

Signed Jos. E. McCulloch
Licensed Embalmer No. 2460

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)