

1939 JAN 11 1939

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

41158
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 2641 Nebraska Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME Emelia Humphreys

(a) Residence, No. 2641 Nebraska Ave. St. 23 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Charles W. Humphreys

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 4 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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

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

FATHER 13. NAME Herman Vogelsang
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Henrietta Heft
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Ralph A. Humphreys
(ADDRESS) 6146 S. Grand Bl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hiram Cemetary DATE Dec. 17, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles H. ...
4911 Washington Bl.

20. FILED J. B. ...
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/12/38, 1938 to 12/15/38, 1938

I last saw her alive on 12/15/38, 1938. Death is said to have occurred on the date stated above, at 11:58 am.

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

Coronary Artery Disease
Myocarditis, chronic
Hypertension
Other contributory causes of importance: Serility
93C

Name of operation None Date of ...
What test confirmed diagnosis? Chemical Signes 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?
If so, specify Walter H. ...
(Signed) ... (Address) 1700 a Tower Drive

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 X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed: *Howard Rowland*

Licensed Embalmer No. *3114*

P. O. Address *Therese M.*

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.)

If this body is not embalmed, above space should be left blank.