

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH935
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **721**
 (b) Township Primary Registration District No. **1003**
 (c) City **Saint Louis** (d) Street No. **Homer G. Phillips Hospital** 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 **13** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

516 Sarah Humphreys
 (a) Residence, No. **1713 Goode Avenue** St. (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 **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William Humphreys**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December, 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 65 **1** **unknown**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 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) **Unavailable**
 (STATE OR COUNTRY) **Georgia**

13. NAME **William Moore**

14. BIRTHPLACE (CITY OR TOWN) **Unavailable**
 (STATE OR COUNTRY) **"**

15. MAIDEN NAME **"**

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

17. INFORMANT **Charity Morgan**
 (ADDRESS) **1713 Goode Avenue**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Washington Park** DATE **1/31/39**

19. FUNERAL DIRECTOR (NAME) **Charles J. Gates**
 (ADDRESS) **4107-09 Finney Avenue**

20. FILED **JAN 30 1939** **J. F. Bredbeck**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 26th 1939**

22. I HEREBY CERTIFY, That I attended deceased from **January 20**, 1939, to **January 26th**, 1939

I last saw him alive on **January 26th, 1939** Death is said to have occurred on the date stated above, at **9:45** m. p.m.

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

Uremia, caused by Chronic Interstitial Nephritis

Date of onset **1/20/39**

Other contributory causes of importance: **131**

Name of operation **None** Date of
 What test confirmed diagnosis? **Clinical** 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 **Arteriosclerosis**

(Signed) **Homer G. Phillips**, M. D.
 (Address) **Homer G. Phillips Hosp.**

STATEMENT BY LICENSED EMBALMER

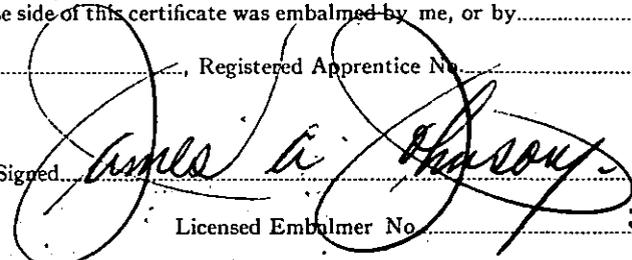
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No..... 3522

P. O. Address..... 4107 Finney Avenue

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.