

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Thomas Benjamin Humphreys

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Humphreys 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased February 26 1905
(Month) (Day) (Year)

8. AGE: Years 34 Months 3 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Rola West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Machinists Mate U.S. Coast Guard

11. Industry or business Aboard U.S.C.G. Cottonwood

12. Name Un known

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace W. Va
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Will Commander

(b) Address Steamer Cottonwood Ft. Of Victor St.

17. (a) ~~Cremation~~ (b) Date thereof June 17, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clay, West Virginia

18. (a) Signature of funeral director Staffmeister W. R. Co

(b) Address 7814 S. Broadway

19. (a) JUN 17 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County _____
(c) City or town Olive Hill
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1940 hour 9 minute 30 a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull
Subdural hemorrhage of brain
when he was
driving a truck and collided
with a tree trunk at
the Wagon Wheel Bridge about
2:50 P.M. June 15/1940

Other conditions _____
(Include pregnancy within 5 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence June 15 1940

(c) Where did injury occur? Unknown
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? No (Specify type of place) _____

23. Signature Joseph W. Lewis (M. D. or D. O.)
Address Deputy Coroner

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 27 1940

NR

216

unk

211 W
27

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 *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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.