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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30706

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7983

FILED OCT 25 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days) In this community Life 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 18 (If outside city or town limits, write "RURAL")

(d) Street No. 419 S Ewing (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Baby Humphries

3. (b) If veteran, name war XXXXXX

3. (c) Social Security No. XXXXX

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife XXXXX

6. (c) Age of husband or wife if alive XXX years

7. Birth date of deceased Sept 10, 1940 (Month) (Day) (Year)

8. AGE: Years | Months | Days 9 | If less than one day hr. min.

9. Birthplace St Louis, Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Infant 9

11. Industry or business XXXXX 0

FATHER
12. Name No record
13. Birthplace XXXXX (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lilia Humphries
15. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Florence A. Spotts Clerk

(b) Address 2601 N Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-40 (Month) (Day) (Year)

(c) Place: burial or cremation City Cem

18. (a) Signature of funeral director Ira Hamilton

(b) Address City Health Dept.

19. (a) SEP 25 1940 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1940 hour 12:15 minute A M.

21. I hereby certify that I attended the deceased from Sept 10, 1940, to Sept 19, 1940 that I last saw him alive on Sept 19, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis (Newborn) — Duration 9 das

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy As above

PHYSICIAN — 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)

(b) Date of occurrence

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. E. Place (M. D. or other)

Address 2601 N Whittier Date signed 9/23/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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