

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town Saint Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3313-A Wisconsin Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 2 (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Mary Humpert3. (b) If veteran, name war _____ 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Charles Humpert 6. (c) Age of husband or wife if alive 53 years7. Birth date of deceased July 16th, 1872.
(Month) (Day) (Year)8. AGE: Years 68 Months 2 Days 10 If less than one day
hr. min.9. Birthplace Unknown Bohemia
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business _____

12. Name John Kouba13. Birthplace Unknown Bohemia
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown Bohemia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Rose Sattler(b) Address 3313-A Wisconsin Ave.17. (a) Burial (b) Date thereof Sept. 28, 40.
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Cemetery.18. (a) Signature of funeral director Zugenheim Bros.(b) Address 2623 Cherokee Street.19. (a) SEP 28 1940 (b) J. F. [Signature]
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri. (b) County _____
 (c) City or town Saint Louis, 24
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3313-A Wisconsin Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 26th,
year 1940. hour 9 minute 10 A. M.21. I hereby certify that I attended the deceased from Sept 12, 1940, to Sept 26, 1940
that I last saw her alive on Sept 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Thyrototoxicosis (hyperthyroidism)
causing ch. myocardial → 2+ yrs
Duration 3-23-40

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 6 months of death)Major findings:
Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place)
(a) Means of injury _____23. Signature J. W. Ganslow (M. D. certificate)
Address 3624 Arsenal St Date signed 9-27-40

Operation performed by
Diting Hospital 6-1-40

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.