

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12853  
Registrar's No. 3283

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Infirmary 0  
(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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 0910  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4138 Cook Av.e 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Jennie Humphries  
(b) If veteran, name war -----  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 13th  
year 1941 hour 1:15 minute \_\_\_\_\_ A.M./P.M.

4. Sex Female 3 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William Humphries  
6. (c) Age of husband or wife if alive Abt. 70 years  
7. Birth date of deceased Unavailable Abt. 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 10th, 1941 to April 13th, 1941:  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_:  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
Abt. 60 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Cerebral Hemorrhage 2 Days  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Columbus Mississippi  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Other conditions Hypertension 6 Mos.  
(Include pregnancy within 3 months of death)

11. Industry or business At Home  
12. Name Albert Cook  
13. Birthplace Unavailalbe Mississippi  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Moore  
15. Birthplace Unavailalbe Mississippi  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy None  
Underline the cause to which death should be charged statistically.

16. (a) Informant William Humphries  
(b) Address 4138 Cook Ave.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 4/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Cem.  
18. (a) Signature of funeral director Chas. H. Bates  
(b) Address 4107 Finney Ave.  
19. (a) APR 15 1941 (b) J. W. Fredrick  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature J. W. Fredrick (M.D. or other) 0  
Address #4 South Compton Date signed \_\_\_\_\_

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

0  
7  
9

**STATEMENT BY LICENSED EMBALMER**

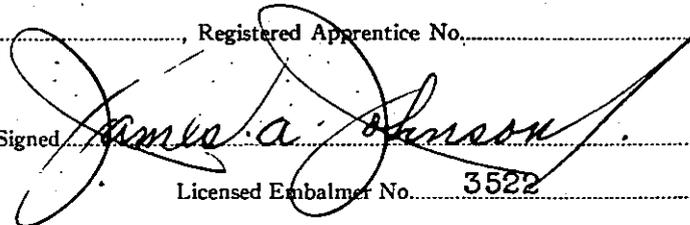
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No..... 3522

P. O. Address..... 4107 Finney Ave.

**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, fact should be so stated above.**