

FILED JUL 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19990

Registration District No. 791

Primary Registration District No.

Registrar's No. 4802

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

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: 2907 Hickory
(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

3. (a) PRINT FULL NAME DAN HUMPERYS
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife EDNA 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased June (Month) 1885 (Day) (Year)

8. AGE: Years 56 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) 1 Ill. (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
18. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Edna Humperys
(b) Address 2907 Hickory

17. (a) Burial (b) Date thereof 6-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director J.H. Harrison
(b) Address 2906 Locust

19. (a) 6-10-41 (b) _____ (Date received local registrar) (Registrar's signature) J. H. Hedrick

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1817
(d) Street No. 2907 Hickory (If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 4, 1941, to June 4, 1941, that I last saw him alive on June 4, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____ Of autopsy _____

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) (c) Means of injury _____
23. Signature L.B. Howell (M. D. or other)
Address 2902 Jackson Date signed 6-7-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 James Harrison
Licensed Embalmer No. 763
P. O. Address 2906 Lawton

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.