

19833

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5706

FILED JUN 30 1944

318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Tr. Deaconess Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether _____)
In this community 0
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4982a Tholozan Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Dr. Joseph H. Humphrey

3. (b) If veteran, name war 1st Worldwar
3. (c) Social Security No. no

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

6. (b) Name of husband or wife Marie
6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Oct - 7 - 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 16
If less than one day hr. _____ min. _____

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

10. Usual occupation Dr. M.D.

11. Industry or business 4982a Tholozan Ave

MOTHER FATHER

12. Name Thomas Humphrey

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

14. Maiden name Julia Lahey

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

16. (a) Informant Mrs Marie Humphrey

(b) Address 4982a Tholozan Ave

17. (a) Burial (b) Date thereof 6 26 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontain Cem

18. (a) Signature of funeral director Kriegshauser Und Co

(b) Address 4228 So. Kinghighway Blvd

19. (a) JUN 24 1944 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1944 hour 10.45 Minute _____ M.

21. I hereby certify that I attended the deceased from Apr. 23, 1938
_____ 19____ to 6/23/44 19____

that I last saw him alive on 6/23/44 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism
Duration 3 days

Due to Arteriosclerotic Hypertensive cardiovascularrenal Disease 4/23/38

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Post Mortem shows same.
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) (e) Means of injury _____

23. Signature Edwin J. Schisler, M.D., F.A.C.S. (M.D. or other)

Address 945 Missouri Bldg. Date signed 6/23/44

Mr. E. Schmitt
700 Thacker
2-4

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

Richard W. Storesano

Licensed Embalmer No.

4007

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.