

FILED APR 1 1946

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13-days
(Specify whether
In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 030
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 6180 Pershing Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th.,
year 1946 hour 11 minute 45 p. M.
21. I hereby certify that I attended the deceased from 3/1/46
19 to 3/26/46, 19____;
that I last saw her w alive on 3/26/46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis. Duration _____

Due to 93 d
Due to _____

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

Major findings: Fibroid uteri. PHYSICIAN _____
Of operations: _____
Of autopsy: none.
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Elizabeth Humphrey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased March 6, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 0 20 hr. min.

9. Birthplace Glasgow Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Alfred Humphrey

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle La Borde

15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. Allen Humphrey

(b) Address 6180 Pershing Ave.

17. (a) Burial (b) Date thereof 3-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glasgow, Mo.

18. (a) Signature of funeral director Arthur J. Bonnell

(b) Address 3840 Lindell Blvd.

19. (a) 3-29-46 (b) E. J. [Signature]
(Date received local registrar) (Registrar's signature)

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

9567

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.