

FILED APR 5 1946
318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 2862

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: Homer G Phillips Hospital
(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 Madison Humphries

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lucy Humphries 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 12, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>6</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Columbus, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Storekeeper

11. Industry or business _____

12. Name Henry N. Humphries
13. Birthplace Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Swope
15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles F. Humphries
(b) Address 3142 School Street

17. (a) Burial (b) Date thereof 3/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Russell Und. Co.
(b) Address 2732 Pine Street

19. (a) MAR 27 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3029r Brantner Pl
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1946 hour 3 minute 45 A M.

21. I hereby certify that I attended the deceased from 1-9, 1946 to 3-24, 1946; that I last saw him alive on 3-24, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Inoperable Carcinoma of the Stomach with Liver Metastasis

Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy No

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 0

23. Signature B. H. Phillips (M. D. or other) _____
Address 2601 N. Webster Date signed 3/25/46

Duration

Unk.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Joel Russell*
Licensed Embalmer No. *4112*
P. O. Address. *St Louis*

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.