S. No. 2
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. 5-17-39
J X35897

#57656

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18535

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4504

1. PLACE OF DEATH:

(a) County St. Louis

(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. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No. 5245 Terry Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOSEPH HUMPERT

3. (b) If veteran, name war --

3. (c) Social Security No. 492-01-5745

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Humpert

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Dec. (Month) 11th (Day) 1884 (Year)

8. AGE: Years 61 Months 5 Days 8 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business

FATHER
12. Name Henry Stolte
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Anna Humpert
(b) Address 5245 Terry Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan
(b) Address 2849 N. Euclid Av.

19. (a) MAY 20 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1946 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from 5/10/46, 19..., to 5/19/46, 19..., that I last saw alive on 6/19/46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial Hemorrhage — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. W. F. Bequeard (M.D.) (Other)
Address 1515 Lafayette Date signed 5/22/46

(Licensed Embalmer's Statement on Reverse Side)

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

17413

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.....

Licensed Embalmer No. 3553

P. O. Address.....

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.