

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42529**

FILED DEC 23 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10861**

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
The City Infirmiry Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution From 12-29-46 To  
December 18, 1946. (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME John W. Humphrey  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widower  
 6. (b) Name of husband or wife Gene Humphrey  
 6. (c) Age of husband or wife if alive 2 years  
 7. Birth date of deceased March 30 1863  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 8 18 hr. min.

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

10. Usual occupation Nil

11. Industry or business

12. Name James H. Humphrey  
 13. Birthplace St. Louis Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Frances Lasley  
 15. Birthplace St. Louis Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant E. G. Parrish by Records  
 (b) Address 775 Clara Ave. et  
 17. (a) Burial (b) Date thereof 12-30-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Ladonia, Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Blvd.  
 19. (a) DEC 18 1946 (b) J. F. Brueck  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL") 139  
 (d) Street No. 5800 Arsenal Street  
 (If rural, give location) 0  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18,  
 year 1946 hour 10 minute 18 A.M.

21. I hereby certify that I attended the deceased from December 29,  
1945, 19\_\_\_\_ to December 18, 1946  
 that I last saw him alive on December 18, 1946. 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Hypertensive arteriosclerosis  
with cardio nephritic syndrome 1946 pl.

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?  
 \_\_\_\_\_  
 While at work? 0 (Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_

23. Signature Deluss R. Boush (M. D. or other) \_\_\_\_\_  
 Address 5800 Arsenal Street Date signed 12-18-46

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

*J. W. Wilkins*  
.....  
Licensed Embalmer No. 3575

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.**