No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29153

FILED SEP 2 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2943

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

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: Alexian Bros. Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4204 Ellenwood Ave. 9
15 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME BERNARD L. HUMISTON

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male C

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Late Hedwig

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

7. Birth date of deceased Mar. (Month) 25 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	4	25	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Custodian

11. Industry or business Board of Education

FATHER
12. Name George Humiston
13. Birthplace Ithaca (City, town, or county) New York 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Gildehaus
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. B. Calcaterra
(b) Address 4204 Ellenwood Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) AUG 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20
year 1947 hour 9:05 minute A.M.

21. I hereby certify that I attended the deceased from Aug. 6, 1947, to Aug. 20, 1947
that I last saw him alive on Aug. 19, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	2 weeks +
Due to Gen. arteriosclerosis	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 R Amezera (M. D. ~~or other~~)
Address 539 N. Grand Date signed 8/28/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin D. M. Germatt

Licensed Embalmer No. 3024

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.