. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33206

FILED SEP 26 1947

Registration District No. 377

Primary Registration District No. 3066

Registrar's No. 1940

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Res: 207 Couch Ave.,
(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 Missouri. (b) County St. Louis, 96

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

(d) Street No. 207 Couch,
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME PEARL L. HUMRICHOUSE BARKER.

3. (b) If veteran, name war None.

3. (c) Social Security No. .....

4. Sex Female.

5. Color or race White.

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

6. (b) Name of husband or wife ?

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

7. Birth date of deceased March 13, 1893.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54.	5.	23.	..... hr. ..... min.

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

10. Usual occupation Sales Represenative

11. Industry or business Merle-Normand Cosmetics Co.,

FATHER
12. Name John Humrichouse.
13. Birthplace Ohio. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Studer.
15. Birthplace Switzerland. 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Laura Humrichouse.
(b) Address 207 Couch Ave.,

17. (a) Interrment. (b) Date thereof 9/8/47.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.

19. (a) 9-8-47 Cecil A. Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6th, year 1947. hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from August 25, 1947, to Sept. 5, 1947; that I last saw her alive on P.M. of Sept. 5, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac decompensation	3 days
Due to Carcinoma of breast	
" " liver	
Due to	
Other conditions: (Include pregnancy within 3 months of death) 50	
Major findings: Of operations Biopsy - carcinoma of breast	
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 J. N. Stewart, D.O. (M. D. or other)

Address 1469 Hodiamont Date signed Sept 6, 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 26 1947

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, M

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.