No. 2
1/47
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. 2649

FILED JAN 30 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 542

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 25 days (Specify whether years, months or days)

In this community

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.: 4211 E No. Market St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Harry Humphrey

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M

5. Color or race: Col

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: 5 (Month) 14 (Day) 1868 (Year)

8. AGE: Years 79 Months 8 Days 2 If less than one day hr. min.

9. Birthplace: Iowa (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: None

11. Industry or business:

MOTHER FATHER

12. Name: Louis Humphrey

13. Birthplace: Iowa (City, town, or county) Iowa (State or foreign country)

14. Maiden name: Grace Pearson

15. Birthplace: Iowa (City, town, or county) Iowa (State or foreign country)

16. (a) Informant: Mildred Humphrey

(b) Address: 4211 E. Market St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1 20 48 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Pk

18. (a) Signature of funeral director: E A Green

(b) Address: 4214 Delmar

19. (a) JAN 19 1948 (Date received local registrar) (b) J. F. Breden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16 year 1948 hour 3 minute 13 P.M.

21. I hereby certify that I attended the deceased from Dec. 22, 1947 to Jan. 16, 1948 that I last saw him alive on Jan. 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis — Duration: Undet.

Arteriosclerotic Heart Disease

Due to:

Due to:

Other conditions: Hypertension
(Include pregnancy within 3 months of death)

Generalized Arteriosclerosis

Major findings:
Of operations:

Of autopsy: No

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: Oslen L Daniels M. D. or other)

Address: 2601 N Whittier St Date signed: 1/19/48

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 Guyton L. Swan, Registered Apprentice No. 101, working under my personal supervision.

Signed J. C. Swan

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar Blvd

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.