

FILED AUG 23 1948

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

- (a) County.....
(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution.....
(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)

3. (a) PRINT FULL NAME Missouri Humphrey

3. (b) If veteran, 3. (c) Social Security No.
name war.....

4. Sex F 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 Nov 15, 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 26 If less than one day
hr. min.9. Birthplace.....
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business.....

12. Name GEORGE Washington

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

14. Maiden name ESTER

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

16. (a) Informant GEORGE Townsend

(b) Address 219 S. 22nd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director F. A. GREEN

(b) Address 7214 DELMAR BLVD.

19. (a) AUG 14 1948 (b) Registrar's signature J. Butler

Jefferson City Printing Co.

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Mo
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 219 S. 22nd St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1948 hour 2:30 minute P.M.21. I hereby certify that I attended the deceased on Aug 3rd
1948 to Aug 11th 1948
that I last saw her alive on Aug 11th 1948
and that death occurred on the date and hour stated above.
DurationImmediate cause of death
Cerebral Hypertension 7 days

Due to Hypertension 340

Due to 8/12

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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)

(e) Means of injury.....

23. Signature J. Butler (M. D. or other)

Address 2022 S. Jefferson Date signed 8/13/48

(Licensed Embalmer's Statement on Reverse Side)

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

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

4214 F. A. Steen

Licensed Embalmer No.

2963

P. O. Address

4214 DeLong

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.