

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **35650**

**FILED NOV 15 1950**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **3/7** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2554**

40010

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NORMANDY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> <b>2129</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NORMANDY OST. HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>5249 ENRIGHT AVE.</b> <b>1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LAURA</b> b. (Middle) <b>M.</b> c. (Last) <b>HUMRICHOUSE E.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 22 1950</b>		
--	--	--	--	--	--

5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		8. DATE OF BIRTH <b>Nov. 14, 1863</b>		9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____	
----------------------	--	-------------------------------	--	---	--	---------------------------------------	--	---	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>- - -</b>				11. BIRTHPLACE (State or foreign country) <b>Switzerland</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
--	--	--	--	--	--	--	--	--	--	--	--	---	--	--	--

13a. FATHER'S NAME <b>Joseph Studer.</b>				13b. MOTHER'S MAIDEN NAME <b>unk</b>				14. NAME OF HUSBAND OR WIFE <b>John Humrichouse.</b>			
--	--	--	--	--------------------------------------	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>none</b>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. George Kummer; Kirkwood, Mo.</b>			
--	--	--	--	-------------------------------------	--	--	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CONGESTIVE HEART FAILURE</b>								<b>8 Mo.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CHRONIC MYOCARDITIS</b> DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<b>4222</b>	

19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
------------------------	--	--	--	----------------------------------	--	--	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
--	--	--	--	---------------------------	--

22. I hereby certify that I attended the deceased from **OCT. 14, 1950**, to **OCT. 21, 1950** that I last saw the deceased alive on **OCT. 21, 1950** and that death occurred at **12:05<sup>A</sup> P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul E. Country</b>		23b. ADDRESS <b>1713 Kierlan</b>		23c. DATE SIGNED <b>10-22-50</b>	
---	--	----------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-24-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
---	--	-----------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <b>10-22-50</b>		REGISTRAR'S SIGNATURE <b>Edmond M. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.</b>	
--	--	--	--	---	--

EMERALD LABOR SERVICE  
MEMBER OF THE I. U. M. A. F. OF AMERICA

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Melvin L. Kemper

Signed.....  
Student Embalmer:

Licensed Embalmer No. 4052

P. O. Address St. Louis, Mo.

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.