

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40244**

**FILED DEC 14 1951**

Registrar's No. **3943**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		REGISTRAR'S NO. <b>3943</b>	
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>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Riverview Gardens</b>		c. LENGTH OF STAY (in this place) <b>12yr</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Riverview Gardens</b>		4 <b>15</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>305 Scenic Drive</b>				d. STREET ADDRESS (If rural, give location) <b>305 Scenic Dr.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Roney</b> b. (Middle) <b>Humpart</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 9th, 1951</b>				
5. SEX <b>male U</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Dec 19th, 1857</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>gardner</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Genevieve, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>a Humpert</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Augusta Humpert</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>----</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gröver H. Boyer, 305 Scenic Dr</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>10 des</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <b>11-29 1951</b> , to <b>12-9 1951</b> , that I last saw the deceased alive on <b>12-9 1951</b> , and that death occurred at <b>5:00</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Walter C. Boyer</b>				23b. ADDRESS <b>8201 N. Broadway</b>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>12/11/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Bethelhem Cemetary</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-11-51</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dombke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Diedrich F. Home, 8319 Hallsferry</b>			

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Eleanore Prince.....

Licensed Embalmer No. 3403.....

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.