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Reg,#. 97871

No. 300
10-46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40245

FILED DEC 15 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3858

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place) 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY 2219
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST.LOUIS
d. STREET ADDRESS (If rural, give location) 2712a FRANKLIN AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First) LINDELL
b. (Middle) H.
c. (Last) HUMPHREY

4. DATE OF DEATH (Month) (Day) (Year) 11-28-51

5. SEX MALE 2
6. COLOR OR RACE COLORED
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1
8. DATE OF BIRTH 8-18-20
9. AGE (In years last birthday) 31 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER
10b. KIND OF BUSINESS OR INDUSTRY ——
11. BIRTHPLACE (State or foreign country) VICKSBURG, MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME CHARLIE HUMPHREY
13b. MOTHER'S MAIDEN NAME MARTHA BROWN
14. NAME OF HUSBAND OR WIFE ILENE HUMPHREY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO. 500-18-3873
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF.BKS, MO. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RIGHT UPPER AND MIDDLE LOBECTOMY — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) RIGHT LUNG ABSCESSES, NON-TUBERCULAR — 4 months
DUE TO (c) RIGHT LUNG, PNEUMONITIS, SECONDARY TO LUNG ABSCESSES

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* ANOXIA — 1 Hour

19a. DATE OF OPERATION 11-28-51
19b. MAJOR FINDINGS OF OPERATION LUNG ABSCESSES OF RIGHT UPPER AND MIDDLE LOBES 492 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *I attended the deceased from* 11-1-51, 19__ *to* 11-28-51, 19__ ~~XXXXXXXXXXXXXXXXXXXX~~ *and that death occurred at* 11:43 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald M. Gallagher M.D. (Degree or title) DONALD M. GALLAGHER, M.D.
23b. ADDRESS VA HOSP.JEFF.BKS,MO.
23c. DATE SIGNED 11-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE Dec. 4/51
24c. NAME OF CEMETERY OR CREMATORY Jefferson Bks Cem
24d. LOCATION (City, town, or county) St Louis (State) MO

DATE REC'D BY LOCAL REG. 11-30-51
REGISTRAR'S SIGNATURE Herbert R Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE F.A.GREEN FUNERAL HOME, St.Louis, Mo. ADDRESS 4214 Delmar

(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, ~~only~~ .....

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

working under my personal supervision.

Student .....
Student Embalmer

Signed Eugene Miles

Licensed Embalmer No. 3623

P. O. Address 4214 Dellma

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.