

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36505**
Registrar's No. **9381**

FILED OCT 21 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 16 yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5520 PERSHING AVE				d. STREET ADDRESS (If rural, give location) 5520 Pershing Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) AURELIUS		b. (Middle) EDGAR		c. (Last) HUMPHREYS.		4. DATE OF DEATH (Month) (Day) (Year) October 9, 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sep. 11, 1870	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President		10b. KIND OF BUSINESS OR INDUSTRY Bischoff Realty		11. BIRTHPLACE (State or foreign country) Ripley, Tenn.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James B. Humphreys		13b. MOTHER'S MAIDEN NAME Emma Hardison		14. NAME OF HUSBAND OR WIFE Gertrude Latta Humphreys	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertrude L. Humphreys 5520 Pershing			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concunomatosis					
		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of Rectum					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS ON OPERATION inoperable				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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 154X			
22. I hereby certify that I attended the deceased from June 20, 1952 , to Oct 9, 1952 , that I last saw the deceased alive on Oct 9, 1952 , and that death occurred at 11:10 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph E. Conroy MD				23b. ADDRESS 906 Olive		23c. DATE SIGNED 10-10-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE Sep. 13, 1952		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. OCT 10 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd;			

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

447K

12-10

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 J. 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.