

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22904

FILED JUN 20 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5415**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (in this place) 1 Week d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 5454 Union Avenue	
3. NAME OF DECEASED (Type or Print) Mrs MINNIE (First) _____ (Middle) _____ (Last) Humphrey		4. DATE OF DEATH (Month) (Day) (Year) May 29, 1953 5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Dec. 6, 1875 9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Flora, Illinois, 12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Blufard Hall 13b. MOTHER'S MAIDEN NAME Susan Patton		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs Clara Williams, 3616 N. Market Str. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal (Colon) Obstruction ANTECEDENT CAUSES For advanced cancer metastases to liver and abdomen DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. from Cancer of Breast	
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____		INTERVAL BETWEEN ONSET AND DEATH 4 days 1 yr 3 yrs	
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) _____ 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 May 22, 1953, to May 29, 1953, that I last saw the deceased alive on May 29, 1953, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) D. J. Verda M.D. 23b. ADDRESS 4500 Olive 23c. DATE SIGNED 5-30-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 6-1-1953 24c. NAME OF CEMETERY OR CREMATORY Elm Wood Cemetery 24d. LOCATION (City, town, or county) (State) Flora, Illinois	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE J. C. Smith MO 25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. ADDRESS 2161 E. Fair Ave.		_____	

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 _____

Walter G. Beersall

Licensed Embalmer No. 4202

P. O. Address St. Louis

Signed _____
Student Embalmer

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.