

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **1041**

FILED FEB 25 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY Missouri

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (In this place) 65 yrs
c. CITY OR TOWN St. Louis
d. In Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION
O/ 2141a Obear Ave. 1099 2141a Obear Ave.
e. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) OTHO b. (Middle) M. c. (Last) HUMPHREY
4. DATE OF DEATH (Month) (Day) (Year) Jan 31. 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 4. 1881 9. AGE (In years last birthday) 75
If UNDER 1 YEAR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Com. Laborer
10b. KIND OF BUSINESS OR INDUSTRY Wood-wool Mfg.
11. BIRTHPLACE (City and State or Foreign Country) Dallas Texas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jesse Humphrey
13b. MOTHER'S MAIDEN NAME Cordy Champion
14. NAME OF HUSBAND OR WIFE Anna Humphrey

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. 488-09-9384A
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Humphrey 2141a Obear Ave.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
hypertension
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension
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 24 hrs
2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE
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) 1-31-57
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1957, to Jan 31, 1957, that I last saw the deceased alive on Jan 31, 1957, and that death occurred at 7 P.M. from the causes and on the date stated above.

23a. SIGNATURE E. E. King (Degree or title) M.D.
23b. ADDRESS 2117 E. Grand
23c. DATE SIGNED Feb 157

24a. BURIAL, CREMATION, REMOVAL Removal
24b. DATE 2/4/57
24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) (State) Normandy Mo.

DATE REC'D BY LOCAL REG. FEB 1 '57
REGISTRAR'S SIGNATURE [Signature]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stock Mortuary 2117 E. Grand Ave.

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

Dr E. E. King
2114 E. Grand
CN 1-3220

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.....
Signature of Student Embalmer

Signed..... *Paul A. Wachter*

Licensed Embalmer No. *428*

P. O. Address..... *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.