

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003096  
STATE FILE NUMBER  
2 837

Registration District No. Primary Registration District No. Registration No. 837

1. PLACE OF DEATH a. COUNTY <u>FIRMIN DESLOGE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Firmin Desloge</u>		d. STREET ADDRESS (If outside, give location) <u>2415 So. 11th St.,</u>	

3. NAME OF DECEASED (Type or print) First <u>Antoinette</u> Middle <u>A.</u> Last <u>Humiston</u>			4. DATE OF DEATH Month <u>1</u> Day <u>23</u> Year <u>59</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 6 1880</u>	9. AGE (In years last birthday) <u>78</u>	10. FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>RETIRED MAINTENANCE LADY</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>
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13a. FATHER'S NAME <u>GEORGE W HUMISTON</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH GILDEHAUS</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>490-14-9706</u>	17. INFORMANT <u>GERTRUDE HUMISTON</u> Address <u>2415 So 11th ST</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular Accident</u> DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>331XH</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cancer of Colon (sigmoid)</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>1-1-59</u> to <u>1-24-59</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>1-24-59</u> Death occurred at <u>MO</u> <u>1 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>John J. Collins Jr. M.D.</u> (Degree or title)	22b. ADDRESS <u>Firmin Desloge Hospital</u>	22c. DATE SIGNED <u>1-24-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JAN 26 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. PETER + PAUL</u>	23d. LOCATION (City, town, or county) <u>ST. LOUIS</u>	(State) <u>MO</u>
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24. FUNERAL DIRECTOR <u>Thomas Kuttis</u> ADDRESS <u>2906 Gravois</u>	25. DATE RECD. BY LOCAL REG. <u>JAN 26 59</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
-57  
12  
34

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 Eleanore Province

Licensed Embalmer No. 3403  
P. O. Address Summit

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.