

**IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS MAY 25 1960**

**=60-021090**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4717** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>4646 Enright Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Albert</b> Middle Last <b>Humphrey</b>				4. DATE OF DEATH Month <b>4-</b> Day <b>28-</b> Year <b>60</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12 July 1890</b>		9. AGE (last birthday) <b>69</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>La.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Unk.</b>				13b. MOTHER'S MAIDEN NAME <b>Unk.</b>				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>490-12-0039</b>		17. INFORMANT Address <b>Ruth Patterson 4646 Enright Ave.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Constriction of Lungs</b> DUE TO (b) <b>Cardiac Arrest</b> DUE TO (c) <b>955X - 46</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <b>Following operation (exploratory)</b>									
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>4 28 60 at St. Luke's Hospital on Apr 28 1960.</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>12 Hosp</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis Mo.</b>		COUNTY		STATE			
21. I attended the deceased from <b>5:30 P.</b> and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Frank M. ...</b>						22b. ADDRESS <b>1300 Clark</b>			22c. DATE SIGNED <b>5-2-60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5 May 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo</b>						
24. FUNERAL DIRECTOR <b>Reliable Funeral Sys., Inc. 1389N Union</b>				ADDRESS		25. DATE RECD. BY LOCAL REG. <b>MAY 4 1960</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Paul V. Freeman*

Licensed Embalmer No. 468

P. O. Address 138977 W

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.