

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035320

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2547

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri.</b> b. COUNTY <b>St. Louis.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton, Mo.</b>		Length of stay in lb <b>13 days</b>	c. CITY OR TOWN <b>Pine Lawn</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4106 Beachwood</b>
3. NAME OF DECEASED (Type or print) First <b>VIVIAN</b> Middle <b>ESTHER</b> Last <b>Humphries</b>		4. DATE OF DEATH Month <b>9</b> Day <b>7</b> Year <b>1961</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>10/30/1911</b>
9. AGE (last birthday) <b>49</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done) <b>Saleslady Stanley Products Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pine Lawn, Mo.</b>	11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13. FATHER'S NAME <b>Benjamin Luke</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <b>Anna Lauber</b>	
14. NAME OF HUSBAND OR WIFE <b>Horace</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <b>No.</b>	
16. SOCIAL SECURITY NO. <b>Nil.</b>		17. INFORMANT <b>Galvin Humphries, 4106 Beachwood</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>Acute hypovolemic shock</b> DUE TO (b) <b>Massive intra-abdominal hemorrhage</b> DUE TO (c) <b>Leakage from post-caval anastomosis, recent</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Portal cirrhosis &amp; esophageal varices, hypertrombocytosis</b>			INTERVAL BETWEEN ONSET AND DEATH
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour <b>11:55</b> a.m. <b>p.m.</b> Month, Day, Year <b>8-25-61</b> to <b>9-7-61</b> and last saw her alive on <b>9-7-61</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.)	20f. CITY, TOWN, OR LOCATION <b>Clayton, Mo.</b>
21. I attended the deceased from <b>8-25-61</b> to <b>9-7-61</b> and last saw her alive on <b>9-7-61</b>		Death occurred at <b>11:55 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>James L. Judson M.D.</b> (Degree or title)		22b. ADDRESS <b>601 S. Brentwood, Clayton, Mo.</b>	22c. DATE SIGNED <b>9-8-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>9-11-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Theodores Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Flint Hill, Mo.</b>
24. FUNERAL DIRECTOR <b>Albert H. Hoppe Inc., 4700 Washington,</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>9-10-61</b>	26. REGISTRAR'S SIGNATURE <b>John B. Murphy</b>

**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 Melvin J. Kess

Licensed Embalmer No. 4052

P. O. Address 4911 W. 1st St.  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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