

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9319**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		a. STATE MISSOURI b. COUNTY	
Length of stay in 1b 66 DAYS		c. CITY OR TOWN SAINT LOUIS,	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		d. STREET ADDRESS (If outside, give location) 6232 DELMAR	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HOWARD Middle J. Last HUMPHREY			4. DATE OF DEATH Month OCTOBER Day 7, Year 1961			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-12-94	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) INDIANAPOLIS, INDIANA	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME CHARLES B. HUMPHREY	13b. MOTHER'S MAIDEN NAME EDITH SHIPLEY	14. NAME OF HUSBAND OR WIFE MILDRED HUMPHREY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. WW1	17. INFORMANT MILDRED HUMPHREY SEE # 2d	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS
IMMEDIATE CAUSE (a) HODGKINS DISEASE		
DUE TO (b) 201x		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ATRIAL FIBRILLATION DUE TO ARTERIOSCLEROTIC HEART DISEASE		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
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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 4:30 a.m. p.m.	Month, Day, Year 8-2-61
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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 ST. LOUIS, MO.	COUNTY	STATE
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21. I attended the deceased from 8-2-61 to 10-7-61 and last saw him alive on 10-7-61 Death occurred at 4:30 p. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE MARSHALL SPARBERG, M.D.	(Degree or title)	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 10-7-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE 10-10-61	23c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo
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24. FUNERAL DIRECTOR Alexander & Sons, 6175 Delmar Blvd.	ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 9 1961	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Allen Ramsey
Licensed Embalmer No. 4053

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.