

14948

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

APR 25 1952

BIRTH NO.

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **3163**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 2100	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 3024 No. Newstead	
3. NAME OF DECEASED (Type or Print) Humphrey		4. DATE OF DEATH (Month) (Day) (Year) March 30 1952	
a. (First) Humphrey		b. (Middle) Wren	
5. SEX male 2		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH — — 1885	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) not known		10b. KIND OF BUSINESS OR INDUSTRY not known	
11. BIRTHPLACE (State or foreign country) Monroe County, Miss		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Homer Wren		13b. MOTHER'S MAIDEN NAME Susie Gillon	
14. NAME OF HUSBAND OR WIFE stead		14. NAME OF HUSBAND OR WIFE Wilma Wren 3024 No. New-	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 500-26-5182	
17. INFORMANT'S SIGNATURE OR NAME Wilma Wren 3024 No. Newstead		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Undet.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertensive Cardiovascular Disease	
DUE TO (c) Undetermined		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR H43X			
22. I hereby certify that I attended the deceased from 3-23 19 52 , to 3-30 19 52 , that I last saw the deceased alive on 3-30 19 52 , and that death occurred at 6:00 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Larney W. Harris M. D.		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 3-31-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 4 April 52	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Emory, Miss.	
DATE REC'D BY LOCAL REG. APR 4 1952		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Metropolitan Funeral Sys. 5010 Enright	

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

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Paul V. Freeman

Signed.....
Student Embalmer

Licensed Embalmer No. 4686

P. O. Address 485 Aldine Avenue

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