

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 18787

No. 300
10-48

FILED JUN 2 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1379

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Maplewood</u>	
c. LENGTH OF STAY (in this place) <u>24Hrs</u>		d. STREET ADDRESS (If rural, give location) <u>3019 Brent St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospita</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bruce</u> b. (Middle) _____ c. (Last) <u>North</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-22-52</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 5, 1884</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Days <u>17</u>	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MAINTENANCE PORTER</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Robert North</u>		13b. MOTHER'S MAIDEN NAME <u>Evelyn Bibba</u>		14. MARRIED <u>WIDOWED</u> OR WIFE <u>(Chicago 15, Ill)</u>	
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 28 5866</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Archie Smith</u> ADDRESS <u>5221 Michigan Ave</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>a) metastatic carcinoma to the liver</u>		INTERVAL BETWEEN ONSET AND DEATH
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		b) <u>pneumonia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		c) _____		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1562</u>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7:00am</u>	
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22. I hereby certify that I attended the deceased from 5-22-1952 to 5-22-1952 that I last saw the deceased alive on 5-22-1952, and that death occurred at 6:30pm. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William L. Humphreys M.D.</u>		23b. ADDRESS <u>601 S. Brentwood</u>		23c. DATE SIGNED <u>5-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5.28.1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>					

DATE REC'D BY LOCAL REG. <u>5-26-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Humphill</u> ADDRESS <u>408S. Fillmore AV</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student Embalmer

Signed

Jeffie E. Cooper

Licensed Embalmer No. *4600*

P. O. Address *4648 St. Paul*

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.