

19418

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED JUN 21 1954

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>YRS</u>		e. STREET ADDRESS (If rural, give location) <u>805 S. 3rd</u> <u>05020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>805 S. 3rd</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HERBERT</u>	b. (Middle) <u>ROSS</u>	c. (Last) <u>BUMPASS</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>JUNE 13 1954</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>AUG 22 1875</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRINTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PRINTING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LOWE ORIK Co. ARK</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>BUS BUMPASS</u>	13b. MOTHER'S MAIDEN NAME <u>KIRK</u>	14. NAME OF HUSBAND OR WIFE <u>WINONA BUMPASS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>SPANISH AMERICAN</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WINONA BUMPASS</u> ADDRESS <u>815 S. 11th St. Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>years</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerotic Heart Disease</u> DUE TO (c) <u>Generalized arterio-sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emphysema</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from JUNE 12, 1954, to JUNE 13, 1954, that I last saw the deceased alive on JUNE 12, 1954, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold E. Donnell M.D.</u> (Degree or title)	23b. ADDRESS <u>De Soto, Missouri</u>	23c. DATE SIGNED <u>6-13-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATOR</u>	24b. DATE <u>6/15/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>
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DATE REC'D BY LOCAL REG. <u>6-15-54</u>	REGISTRAR'S SIGNATURE <u>Marie Larrard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold J. Mohr</u> ADDRESS <u>805 S. 3rd, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT
JEFFERSON, MISSOURI

1956
AUG 2

DATE RECEIVED

JUN 17 1954

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.....
Samuel J. Mah...

Licensed Embalmer No. *43*

P. O. Address *file 508*

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.