

Dept. Health,
Inc., & Welfare
S. Public
Health Service

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42124
STATE FILE NUMBER
11293

Registration District No. 318 Primary Registration District No. 1003

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 2055 Knox		Length of stay in lb 3 years, 13		d. STREET ADDRESS 2055 Knox		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Joseph T. Humbrecht				4. DATE OF DEATH Month Day Year Nov. 24 1957			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 2, 1891		9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 1 Day 22 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Plater			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME August Humbrecht			13b. MOTHER'S MAIDEN NAME Katherine Eckert			14. NAME OF HUSBAND OR WIFE Ethel Humbrecht	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If year give war or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. 489-10-6570		17. INFORMANT Address Ethel Humbrecht 2055 Knox			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung Carcinoma of the lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO: (b) 163x DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
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 Month, Day, Year a.m. p.m.							
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.) July 1957		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 8:30 AM 10-24-57 to 11-24-57 and last saw him alive on 11-21-57 Death occurred at 8:30 AM 11-24-57 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James F. Sullivan (Doctor or title) James F. Sullivan M.D.				22b. ADDRESS 2314 Telegraph Rd. 2314 Telegraph Rd. 4th fl., MO		22c. DATE SIGNED 11-25-57	
23a. BURIAL CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 27, 1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) St. Louis County Missouri		
24. FUNERAL DIRECTOR L. B. Tamm, 6107 Natural Bridge			25. DATE RECD. BY LOCAL REG. NOV 25 57		26. REGISTRAR'S SIGNATURE Earl Smith MO msb		

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John D. Haines
.....
Licensed Embalmer No. 4108

Address 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.