

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-041908**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10305**

**FILED OCT 24 1963**

VS 300  
Rev. 4/59

1

2 **21**

3

4 **2**

5 **1**

6

7 **1**

8 **1**

9

10

11

12 **77-0**

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		d. STREET ADDRESS (If outside, give location) <b>3339 Easton</b> Beside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Humphrey Penny</b>		4. DATE OF DEATH Month Day Year <b>10 13 63</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/5/04</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Parkdale, Ark.</b>
13a. FATHER'S NAME <b>Humphrey Penny</b>		13b. MOTHER'S MAIDEN NAME <b>Lear Johnson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates) <b>No</b>		17. INFORMANT Address <b>Robt. Penny, 4128 Kossuth Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Renal Failure</b> Arteriolar nephrosclerosis 446XH Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Carcinoma of Urinary Bladder</b>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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.)	
21. I attended the deceased from <b>9-24-63</b> to <b>10-13-63</b> and last saw <b>him</b> alive on <b>10-13-63</b> Death occurred at <b>9:40 A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>10-16-63</b>	
22a. SIGNATURE (Degree or title) <b>Maile B. Humphrey M.D.</b>		22b. ADDRESS <b>2601 N. Whittier</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>10/18/63</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Cunningham &amp; Moore, 2405 Marcus</b>		23d. LOCATION (City, town, or county) (State) <b>Berkeley City, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>OCT 16 1963</b>		26. REGISTRAR'S SIGNATURE <b>Coat Smith, M.D.</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1008-01-1008

1008

1008

1008

1008

1008

1008

1008

1008

1008

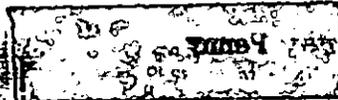
1008

1008

1008

1008

1008



1008

**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 K. Cunningham*

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

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.

1008

1008

1008

1008

1008

1008

1008

1008

1008