MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

NOV 29 1927

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No. 31477
Township CAR[illegible] — Primary Registration District No. 6248 E — Registered No. 368
City S — (No. 339 Williams Ave St. ..... Ward)

2. FULL NAME Harriet Hunt.
(a) Residence. No. 339 Williams Ave. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 22-1927
7. AGE YEARS — MONTHS 1 — DAYS 20 — IF LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Guy Hunt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Estelle Marty
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT Guy Hunt.
(Address) 331 Williams Ave.
15. FILED Oct. 11, 1927 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 1927
17. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1927 to Oct 11, 1927 that I last saw her alive on Oct 11, 1927, and that death occurred, on the date stated above, at 10 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchitis
106 A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) .....
(duration) yrs. mos. ds.
99 a
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Edward Roditer, M. D
Oct 12, 1927 (Address) 7310 Michigan

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Hope Cemetery — DATE OF BURIAL 10/03 1927
20. UNDERTAKER Southern U & L Co. — ADDRESS 7315 S. Bdway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.