

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

Do not use this space.

35523

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis Mo. (No.....)

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 10712  
St. .... Ward)

**2. FULL NAME**

Louis Hunter  
(a) Residence. No. 3441 Laclede Ave. 7 Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 6 yrs. 7 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlotte Hunter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29-1885.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	41	10	19	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mississippi

**PARENTS**

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER .....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) .....

**14.**

INFORMANT W. Stearns  
(Address) City Sau

**15.**

FILED NOV 29 1927  
19. Marie Starkoff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-16-1927

17. I HEREBY CERTIFY, That I attended deceased from 10-10-1927 to 11-16-1927 that I last saw him alive on 11-15-1927, and that death occurred, on the date stated above, at 715a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

311 Asphyxiation  
(duration) yrs. 1 mos. 7 da. 7

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. .... mos. .... da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? W. Stearns, M. D.  
(Signed) W. Stearns

11-16-1927 (Address) City Sau

\*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**

**DATE OF BURIAL**

Jonestown Mass

12.18.1927

**20. UNDERTAKER**

**ADDRESS**

Provident Burial Ass. Boston

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

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