WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

18798

1. PLACE OF DEATH

County..... Registration District No. 791 1003 File No.....

Township..... Primary Registration District No..... Registered No. 5193

City St. Louis (No..... St. ..... Ward)

2. FULL NAME Wm Hunter

(a) Residence. No. 2858 Scott St., 22 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: 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~~ married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8 - 1893

7. AGE: Years 34 Months 10 Days 2 If LESS than 1 day, ... hrs. or ..... min.

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).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ala
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Ben Hunter

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

12. MAIDEN NAME OF MOTHER Beatrice Gordon

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

14. INFORMANT Hattie Hunter
(Address) 2858 Scott

15. FILED....., 19..... Mary C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1928

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1928, to May 1, 1928, that I last saw he alive on May 7, 1928, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Coronary
1078 Bronchitis
1911 Flu
(duration) yrs. 2 mos. 18 ds.

CONTRIBUTORY (SECONDARY) Exposure to cold
(duration) yrs. 2 mos. 18 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? X
(Signed) [illegible], M. D
, 19 (Address) 2919 Morgan St

*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 Burnsville Ala — DATE OF BURIAL May 2 1928

20. UNDERTAKER Leonard Und. Co. — ADDRESS 2702 Lawton