

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

Do not use this space.

39027

1. PLACE OF DEATH

County.....

Registration District No.

791

Township.....

Primary Registration District No.

1003

City *St. Louis Mo.*

(No. *St. Louis Childsden Hospital*)

File No.

Registered No.

11689

St. Ward)

2. FULL NAME

Stewart Hunt

(a) Residence. No. *4159* *Walling* St., *18* Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs. *1*

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

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

✓

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

✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

6-23-27

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

1

5

7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

10

(b) General nature of industry, business, or establishment in which employed (or employer)

*107A
39A*

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Royce Hunt

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Paris

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

May Gibson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Chromonia

(STATE OR COUNTRY)

Iowa

14.

INFORMANT (Address)

*L. K. Kaelting
500 S. Kingshighway*

15.

FILED

270 - I 1928

maye Harker

REGISTERED

MEDICAL CERTIFICATE OF DEATH

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

11-30-1928

17.

I HEREBY CERTIFY, That I attended deceased from

11-25, 19*28*, to *11-30*, 19*28*

that I last saw him alive on *11-30*, 19*28*, and that death occurred, on the date stated above, at *7 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Diphtheria, Laryngeal
Myocarditis, Acute*

(duration) yrs. mos. *9* da.

CONTRIBUTORY (SECONDARY) *Secondary Broncho pneumonia - (non-tuberculous)*

(duration) yrs. mos. *7* da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *yes* DATE OF *11-29-28*

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS? *autopsy - cultures*

(Signed) *George S. Lictor*, M. D.

11-30, 1928 (Address) *570 E. Kingshighway*

*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

Valhalla

Dec 1 1928

20. UNDERTAKER

ADDRESS

*Cookruster Funeral Co
4234
Jefferson*

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.

