

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

Do not use this space.

21008
~~21100~~
File No. 21008
Registered No. 5838
St. _____ Ward _____

1. PLACE OF DEATH

County _____
Township _____
City St. Louis Mo

Registration District No. 791
Primary Registration District No. 1003
(No. 1650539)

2. FULL NAME

(a) Residence. No. _____ St. 17 Ward _____

Charles Hunt

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 29 1858

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>6</u>	<u>16</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Nut Merchant
(b) General nature of industry, business, or establishment in which employed (or employer). Mount City Nut Co.
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown Hunt

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Jessie Hunt
(Address) 1650 539 St

15. FILED JUN 16 1930
REGISTRAR Mar C. Starkey

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1930

17. I HEREBY CERTIFY, That I attended deceased from 4-1-30, 1930 to 6-15-30, 1930 that I last saw him alive on 6-15-30 and that death occurred, on the date stated above, at 12:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Stomach
46B
930 440
CONTRIBUTORY (SECONDARY) chronic myocarditis
(duration) _____ yrs. 2 mos. 10 ds.
(duration) _____ yrs. 2 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical & X-Ray
(Signed) E. E. Edwards
6/16 1930 (Address) 4216 Shaw Blvd

*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 Valhala Crematory DATE OF BURIAL June 17 1930

20. UNDERTAKER J. J. Roberts ADDRESS 1905 S Grand St

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

170
31

Good

