

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 101
Township..... Primary Registration District No. 10015
City St. Louis (No. Peoples Hospital) St. Ward)

File No. 36225
Registered No. 10757
St. Ward)

2. FULL NAME

(a) Residence, No. 4211 Finney St., 11 Ward. (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 (to fill the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-27-1972

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 5 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Theatrical
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Musician
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville Ala.

MOTHER 13. NAME John H. Hunt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Hanna See.

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

17. INFORMANT Agnes Whitton
(ADDRESS) 4211 Finney

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 10/24 1931

19. UNDERTAKER Manuel Undertaking Co.
(ADDRESS) 4259 Finney

20. FILED 101 23 1931 Man E. Starkeoff
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-22-1931

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1931, to Oct 22, 1931. I last saw him alive on Oct 22, 1931. Death is said

to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:

4681
Carcinoma of
stomach
Date of onset 2 years
1929

Other contributory causes of importance:

Name of operation 4685 Date of
What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Chas. B. ... M. D.
(Address) 4522A 8th St

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.

Mr. Hinrich