

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

Do not use this space.

36244

1. PLACE OF DEATH

County St. Louis Registration District No. 6201
 Township _____ Primary Registration District No. 62002
 City _____ (No. City Hospital #2) St. _____ Ward _____

File No. _____
 Registered No. 10776
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3508 Galles St., 21 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 — 11 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Missouri

13. NAME George Hunter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Birdie West

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

17. INFORMANT (ADDRESS) Ella Hunter
3508 Galles Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Oct 24 1931

19. UNDERTAKER (ADDRESS) Deventer and Son
2702 Wash St

20. FILED OCT 24 1931 19 Mar E Markoff (Address) 160/20/31

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18 19 31

22. I HEREBY CERTIFY That I attended deceased from No Physician in Attendance 1931

I last saw h. _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at 1125 a.m.

The principal cause of death and related causes of importance were as follows:

Gun Shot Wound Date of onset _____
Abdomen

Homicide

Other contributory causes of importance:

173

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury 10-18, 19 31

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home

Nature of injury Gun Shot Wound Abdomen

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

If so, specify _____ (Signed) J. W. Kerner M.D.

Dep. Coroner

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.

