

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

Do not use this space.

2896

File No. \_\_\_\_\_  
Registered No. **603** \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **701**  
Township \_\_\_\_\_ Primary Registration District No. **5003**  
City **St. Louis** No. **3131**, \_\_\_\_\_ **Morgan** \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

**Louise Hunt**  
(a) Residence, No. **3131 Morgan St.**, \_\_\_\_\_ **21** 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 <b>Female</b>	4. COLOR OR RACE <b>Cald</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Mar. 16, 1917</b>				
7. AGE	YEARS <b>13</b>	MONTHS <b>10</b>	DAYS <b>-</b>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>at school</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Summer High</b>			
	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) <b>Mississippi 2</b>				
FATHER	13. NAME <b>Alec Hunt</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Miss</b>			
MOTHER	15. MAIDEN NAME <b>Betty Ward</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Miss</b>			
17. INFORMANT <b>Idella Sawyer</b> (ADDRESS) <b>3131 Morgan</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Washington Park</b> DATE <b>Jan 24 1932</b>				
19. UNDERTAKER <b>John Harrison</b> (ADDRESS) <b>2906 Lafayette</b>				
20. FILED <b>Jan 19 1932</b> <b>W. C. Starbuck</b> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**  
*No Physician Attendance*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 16 1932**

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **4:45** p.m.

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

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? **No**

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 **No Injury**  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) **John M. Hurley, M.D.**  
**Joseph Corcoran**  
118/22

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.

