

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

Do not use this space.

13821

1. PLACE OF DEATH

96 County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6033B
City Do. Tiernan Hospital (No. Do. Tiernan Hospital) St. _____ Ward _____

2. FULL NAME Mrs. Zelma Hunter

(a) Residence, No. 4925 Threlka St. _____ 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. da. | How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Roy G. Hunter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23-1899
7. AGE YEARS MONTHS DAYS | If LESS than 1 day, hrs. or min.
32 5 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Mo.

FATHER 13. NAME Muriel Foreman

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Roy G. Hunter
(ADDRESS) 4925 Threlka St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 4-29 1932

19. UNDERTAKER Arthur J. Donnelly and Co
(ADDRESS) 2039 Market St

20. FILED 4/28/32, 1932 Joel A. Bruce, M.D.
Registrar.

9 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1931, to April 26, 1932.
I last saw her alive on April 26, 1932. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Eclampsia 3rd convolution came on abruptly and passed in the third convolution. Was about 7 1/2 months pregnant.
Other contributory causes of importance: Abrupt toxemia of pregnancy.
14 1/2
14 1/2

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify _____
(Signed) Joel A. Bruce, M. D.
(Address) 3718 Jennings 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.

MAY 28 1932

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 5 1943