

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

Do not use this space.

38258

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 6308, Virginia Ave.)

File No.....  
Registered No. 9899  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No. Theo. Mathew Hunt St. 1 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 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 Cecelia

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hra. or .....min.
	<u>63</u>	<u>8</u>	<u>17</u>	

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

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

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) St. Louis, Mo.

FATHER 13. NAME Theodore M. Hunt

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

MOTHER 15. MAIDEN NAME Annie Furlong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin, Ireland

17. INFORMANT Cecelia Hunt (ADDRESS) 6308 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. De Soto Mo. DATE Nov. 18, 1933

19. UNDERTAKER C. Hoffmeister & Co. (ADDRESS) 67814 So. Broadway

20. FILED NOV 17 1933 J. J. Brebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Nov 15, 1933

I last saw him alive on Nov 14, 1933. Death is said to have occurred on the date stated above, at 10:15 A.M.

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

Carcinoma of sigmoid flexure of colon Date of onset.....

Other contributory causes of importance 4/6

Name of operation Crematory Date of Sept 7, 1933

What test confirmed diagnosis? Copulation 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? None (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) Miss Stubbiff, M. D.  
(Address) 512 Oak 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

