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.

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

Do not use this space.

31011

File No. 8277
Registered No.

SEP 13 1934

1. PLACE OF DEATH
County
Township
City St. Louis (No. St. Lukes Hospital St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Grace E. Hunter
(a) Residence, No. 8601 Joseph Ave St., NP Ward. Brentwood Mo.
(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: 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 William F. Hunter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/10/1890

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
44	1	2	

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.
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

FATHER
13. NAME Samuel Rust
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Annie Maney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT William F. Hunter
(ADDRESS) 8601 Joseph Ave, Brentwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hiram DATE 8/14/34 19

19. UNDERTAKER Robert J. Cochrane Jr.
(ADDRESS) 6633 Clayton Road

20. FILED AUG 15 1934 19 J. P. Broderick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12th, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27th, 1934, to Aug. 12, 1934
I last saw her alive on Aug 11th, 1934 Death is said to have occurred on the date stated above, at 6:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	
(not epidemic)	
TB	

Other contributory causes of importance:

Name of operation Ventriculogram Date of Aug 8th
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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Alexander Smith, M. D.
(Address) Webster Groves