86a

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

APR 9 1935

Do not use this space.

791

10758

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 2378

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis Mo (No. City Sanitarium St. ..... Ward)

2. FULL NAME Francis Hunsicker

(a) Residence, No. 4222 McRee St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ermin C. Hunsicker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 5. 1864

7. AGE: YEARS 71 | MONTHS 0 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) About 1921
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Homer Illinois

FATHER

13. NAME: William Maddux
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): McKnown Kentucky

MOTHER

15. MAIDEN NAME: Eliza A (McKnown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): McKnown Tennessee

17. INFORMANT (ADDRESS): William T Butler M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashley Ills DATE Mar-14 35

19. UNDERTAKER (ADDRESS): Albert H Hoppe Inc 429 N. Euclid

20. FILED MAR 12 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1932, to Mar 11, 1935
I last saw her alive on Mar 10, 1935 Death is said to have occurred on the date stated above, at 12:28 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	2/15/35 +
	154
Other contributory causes of importance:	
Hypostatic Pneumonia	3/11/35
Intertrochanteric fracture of rt. femur	2/15/35

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2-15, 1935
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. Fell against a bed at the City
Manner of injury Sanitarium
Nature of injury Fracture of Rt Femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) William T Butler, M. D.
(Address) 5400 Arsenal St.