

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.

APR 9 1935

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1008

11168

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis, Mo.* (No. St. Ward)

Registration District No.
Primary Registration District No.

File No.
Registered No. **2804**

2. FULL NAME

Frances Louise Hunter
(a) Residence, No. *2034 Hickory* St., *22* Ward.

Length of residence in city or town where death occurred *1 1/2* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 2, 1930</i>		
7. AGE	YEARS	MONTHS
	<i>0</i>	<i>0</i>
		<i>23</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<i>Nil</i>
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 25, 1935*
22. I HEREBY CERTIFY, that I attended deceased from *March 16, 1935* to *March 25, 1935*
I last saw her alive on *March 25, 1935* Death is said to have occurred on the date stated above, at *4:50 p.m.*

The principal cause of death and related causes of importance were as follows:
Septic
Date of onset *3-2*

Other contributory causes of importance:
Tobac Pneumonia

Name of operation *None* Date of...
What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*

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? *No* (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 *John M. Schenck*
(Signed) *John M. Schenck*, M. D.
(Address) *6241*

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Missouri</i>
	13. NAME <i>Dugan Hunter</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>
	15. MAIDEN NAME <i>Pearl Hogan</i>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>
	17. INFORMANT (ADDRESS) <i>Frank Perry, 5400 Arsenal St.</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Lakewood Park</i> DATE <i>March 27, 1935</i>	
19. UNDERTAKER (ADDRESS) <i>A. J. M. Laughlin, 116-31 Missouri Ave.</i>	
20. FILED <i>MAR 26 1935</i> 19... <i>J. F. Bedeck</i> Registrar.	

