APR 11 1936

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

Do not use this space.

File No. 12791
Registered No. 2843

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 003

City St Louis (No. 3922 LEE AVE St. ..... Ward)

2. FULL NAME Howard Stanley Hunter

(a) Residence, No. 3922 LEE AVE Ward. 10
(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): SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 8. 1918

7. AGE: Years 18 | Months | 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. STUDENT.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High school
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 WILLIAM A. HUNTER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WENTZVILLE MO.

MOTHER

15. MAIDEN NAME CHRISTINE SCHAFFER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

17. INFORMANT (ADDRESS) WILLIAM A. HUNTER 3922 LEE AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE VALHALLA CEM. DATE 3-17-36, 19

19. UNDERTAKER (ADDRESS) Gilbert W. Hotte Inc. 29 N. Euclid Ave

20. FILED MAR 15 1936, 19 J. F. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-27-, 1936, to 2-14-, 1936
I last saw ~~him~~ alive on 3-14, 1936. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

Uremia caused by old chronic nephritis which developed after a severe attack of influenza when deceased was 2 years old.

Date of onset

Other contributory causes of importance:

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Name of operation None Date of .....
What test confirmed diagnosis? Symptoms 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? No.
If so, specify .....
(Signed) Charles R. Lurkan D.O.
(Address) 3855 Lee Ave.

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