

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

Do not use this space.

**JUL 14 1936**

**791  
1003**

**24431**

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 5617 Cabanne Ave.) St. .... Ward)

File No.....  
Registered No. 6047

**2. FULL NAME**

Jennie Hunter

(a) Residence, No. 5617 Cabanne Ave. St. 5 Ward.

(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. C. Hunter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25th, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
72 9 15

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

13. NAME John Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Rebecca Cleland

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

17. INFORMANT (ADDRESS) Maef Hunter  
6617 Cabanne Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell Hill, Ill DATE June 13th, 1936

19. UNDERTAKER (ADDRESS) Wrethman Haral  
1905 Union Blvd.

20. FILED JUN 12 1936 J. Predeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10th, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936 to June 10, 1936  
I last saw him alive on June 10, 1936 Death is said to have occurred on the date stated above, at 11:10 P.M.  
The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation Date of onset sudden

Other contributory causes of importance:  
Chronic Myocarditis

Name of operation..... Date of.....  
What test confirmed diagnosis? Chromic 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) Harry H. Murrin, M. D.  
(Address) 490.3 Delmar

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.

Barry Meyer

4903 Delmar

Fo 7112

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