

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.

46461

JAN 10 1937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. En Route City Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 12250
St. Ward

2. FULL NAME Mary Lou Huntington

(a) Residence, No. 2821 N. Broadway St. 26 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>8</u>	<u>1</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Nil</u>
	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) St. Louis, Mo.

FATHER 13. NAME Louis Huntington

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doon Iowa

MOTHER 15. MAIDEN NAME Florence Cunningham

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Kansas

17. INFORMANT Louis Huntington
(ADDRESS) 2821 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathews Cem DATE 12/14/36

19. UNDERTAKER Edith E. Ambuster
(ADDRESS) 4234 Manchester Ave.

20. FILED DEC 14 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Bronchitis
Infection (Malnutrition)

Other contributory causes of importance:
106 a

Name of operation..... Date of.....
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) Harold Peluy, M. D.
(Address) Depot

