

FEB 23 1937

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

Do not use this space. ✓

1. PLACE OF DEATH

County St. LouisRegistration District No. 786File No. 2932

Township

Primary Registration District No. 4469Registered No. 1

City

Maplewood (No. 2766, Blendon)

St.

Ward

2. FULL NAME

(a) Residence, No. 2766 Yale Ave-

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Callie Hunter

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

Oct 21

7. AGE

76

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Lumber-man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

(Retired)

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)

Mo.

MOTHER FATHER

13. NAME

Crocker Hunter

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

Mo.

15. MAIDEN NAME

Sarah Leni

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

Mo.

17. INFORMANT

(ADDRESS)

Mrs Callie Hunter
2766 Blendon

18. BURIAL, CREMATION, OR REMOVAL

(ADDRESS)

no.
1/4
3
Asselville

19. UNDERTAKER

(ADDRESS)

Croghan Und. Co. Inc.
7461 Manchester Ave

20. FILED

Date

1937

Jan 4Pauline BrewsterSt. LouisMo.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from,

12/1, 1936 to 1/1, 1937I last saw him alive on 12/31, 1936 Death is saidto have occurred on the date stated above, at 3 A. m.

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

Cardiomyopathic

Date of onset

1935

Other contributory causes of importance:

Acute Myocarditis12/1/36

Name of operation

Date of

What test confirmed diagnosis Phys. Ex. 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) E. E. Remann, M. D.(Address) Maplewood Mo.

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.

