

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

FEB 8 1937 791

3958

County

Registration District No.

File No.

Township

Primary Registration District No.

Registered No.

City

(No.)

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *Wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Charles M. Hunt*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 1, 1867*

7. AGE YEARS *69* MONTHS *3* DAYS *20* IF LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
 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 *James O'Hara*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

MOTHER 15. MAIDEN NAME *Ella Rogan*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

17. INFORMANT (ADDRESS) *Charles J. Hunt 5359 Vernon*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *5-27-37*

19. UNDERTAKER (ADDRESS) *Chas. J. Stuart 1225 Michigan Bldg.*

20. FILED *2-10-37* Registrar *J. F. Bredeck*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *January 21, 1937*

22. I HEREBY CERTIFY That I attended deceased from *Jan. 9, 1937* to *Jan. 21, 1937*

I last saw her alive on *Jan. 20, 1937* Death is said to have occurred on the date stated above, at *7:30 A.M.*

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

Lobar Pneumonia Jan. 9, 1937
Delayed resolution and acute myocarditis. Jan. 19, 1937

Name of operating findings, microscope of *no*
 What test confirmed diagnosis? *X-ray* Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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) *O. J. Carins* M. D.
 (Address) *320 Metropolitan Bldg.*

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.

