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

Do not use this space.

FEB 8 1937

96
35
9

1. PLACE OF DEATH
County
Township
City St. Louis, (No. City Hospital No.1 St. Ward)
Registration District No. 791
Primary Registration District No. 1003
File No. 3960
Registered No. 1050

B. 15073 Frank Hunt

2. FULL NAME
(a) Residence, No. 13 North 3rd St., 15 Ward. 1
(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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 1, 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
66	1	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 262
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): Indiana 2

FATHER
13. NAME: Unknown Hunt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

17. INFORMANT (ADDRESS): Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: 1/23/37, 19

19. UNDERTAKER (ADDRESS): Edith E. Ambrester 4234 Manchester Ave

20. FILED: JAN 22 1937, 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/20/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/17/37, 19, to 1/20/37, 19
I last saw him alive on 1/20/37, 19 Death is said to have occurred on the date stated above, at 7p m.
The principal cause of death and related causes of importance were as follows:

Aortic sclerosis

Date of onset

73

Other contributory causes of importance:
Nephrosclerosis
Pulmonary Tbc

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) Geo J Seibold, M. D.
(Address) City Hospital No.1

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.

I X9314