MAR 5-1937

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

Do not use this space.

8898

1. PLACE OF DEATH

County: 001 — Registration District No.: 791 — File No.: 8898

Township: 36 — Primary Registration District No.: 1003 — Registered No.: 2391

City: St. Louis 9 (No. 5206 Raymond Ave. 2 St. Ward)

2. FULL NAME: Harry H. Lunt

(a) Residence, No. 5206 Raymond Ave. St., 5 Ward. (If nonresident, give city or town and State)
(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.

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: Belle Friel Lunt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 7, 1880

7. AGE: YEARS 56 — MONTHS 4 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Type Writer
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: Frank Lunt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Lena Peters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Belle Lunt, 5206 Raymond Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: 3-1 1937

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly, 3840 Lindell Blvd.

20. FILED: FEB 28 1937 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1936, to Feb. 27, 1937

I last saw him alive on Feb. 26, 1937. Death is said to have occurred on the date stated above, at 12,30 A.M.

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

	Date of onset
Coronary Thrombosis	2/25/37
Other contributory causes of importance:	
Hypertension	
Chronic Myocarditis	6/1/37

Name of operation: None Date of:

What test confirmed diagnosis? All Clinical 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) J. A. Brennan, M. D.

(Address) 833 Mo. Theatre 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.

WRITE PLAINLY, WITH UNFADING INK

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