

OCT 14 1937

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

32914

Do not use this space.

8968

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **2110A Division**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Ella Bracy Hunt**

(a) Residence, No. **2110A Division** St. **21**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 14, 1879**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 6 9

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

9. Industry or business in which work was done, as law 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) **Macon Mississippi**

FATHER 13. NAME **James Barto**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Mississippi**

MOTHER 15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown unknown**

17. INFORMANT **Joseph Hunt**
(ADDRESS) **2110A Division St.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Greenwood Cem.** DATE **Sept. 1937**

19. FUNERAL DIRECTOR **A. Russell Undertaking Co.**
(ADDRESS) **2732 Pine Street**

20. FILE NO. **SEP 25 1937**
M. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/23/1937**

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

I last saw him..... alive on....., 19..... Death is said
to have occurred on the date stated above, at **7:45 P.M.**

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

Chronic Myocarditis Date of onset

Chronic Interstitial Nephritis

Other contributory causes of importance:

12/1

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **(M)**

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 **See above**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **Joseph M. Jernett, M.D.**
(Address) **Deputy Coroner**

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.

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31

STATEMENT BY LICENSED EMBALMER

I, Joel Russell, Licensed Embalmer No. 2115

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No. 2115

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)