OCT 26 1937

OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 1123 — File No. 35335

Township: — Primary Registration District No. 6248B — Registered No. 380

City: Jefferson Barracks (No. VAF — St. — Ward)

2. FULL NAME: Columbus HUNTER

(a) Residence, No. 1101 North Leonard Ave., St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | Colored | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ~~Not known~~ June 2d 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| ~~Not Known~~ 48 | 2 | 24 | |

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Not known

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): Saint Louis, Missouri

FATHER

13. NAME: Tom Hunter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known / Not known

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known / Not known

17. INFORMANT: Clinical Clerk M. Schelig.
(ADDRESS) VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jeff Barracks DATE 9-17 1937

19. UNDERTAKER A. J. Walton undt
(ADDRESS) 2907 Stoddard St

20. FILED Sept 16 1937 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 13, 1937 to September 14, 1937

I last saw him alive on September 14, 1937. Death is said to have occurred on the date stated above, at 4:55A m.

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

| | Date of onset |
|---|---|
| Meningitis, cerebral-type undetermined. | Unkn. |

1074

Other contributory causes of importance:

| | |
|---|---|
| Broncho-pneumonia, bilateral. | Unkn. |

Name of operation: None — Date of: autopsy

What test confirmed diagnosis? Pm. clinical manif. and laboratory — 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? [signature]

If so, specify

(Signed) A. C. H. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Mo.

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.