

JAN 10 1938

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

42871  
Do not use this space.

1. PLACE OF DEATH 1350 North Garrison Ave  
(a) County Registration District No. 791  
(b) Township Primary Registration District No. 1003  
(c) City St Louis (d) Street No. 1112a St.  
(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 Addie Hunter  
(a) Residence, No. 1350 No. Garrison Ave 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 Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28 1878		
7. AGE YEARS 58	MONTHS 11	DAYS 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil		
9. Industry or business in which work was done, as 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) Miss		
13. NAME Willis Walker		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss		
15. MAIDEN NAME Amanda		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss		
17. INFORMANT (ADDRESS) Kattie Waterford 930 No. Garrison Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Bather Dickson DATE Dec 3 1937		
19. FUNERAL DIRECTOR (ADDRESS) Jas. H. Randle & Son 3125 Bell Ave		
20. FILED DEC 3 1937 J. T. Bredeck Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27-37

I HEREBY CERTIFY, That I attended deceased from some weeks ago 11-27-37

I last saw her alive on Several weeks ago 37 Death is said to have occurred on the date stated above, at 12

The principal cause of death and related causes of importance were as follows:  
Death of onset  
Certa... require labor with decompensation  
Renal insufficiency

Other contributory causes of importance:  
Phy... of

Name of operation  
What test confirmed diagnosis  
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 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. T. Bredeck, M. D.  
(Address) 2748 N. ...

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.

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Hilliard, Licensed Embalmer No. 3389

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

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Arthur L. Hilliard

Licensed Embalmer No. 3389

**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.)**