

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

239  
Do not use this space.

**FEB 12 1938**

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) **en. route City, Hospital #1** St. **3**  
 (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** Morris Hunt **K 30**

(a) Residence, No. 3322 Blair St. **26** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 **Husband of Nora Hunt**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 1, 1876**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**62 0 1**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Handy man**  
 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) **Dec. 3, 1937** 11. Total time (years) spent in this occupation **12**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Little Vine Mo.**

FATHER 13. NAME **John Hunt**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Missouri**

MOTHER 15. MAIDEN NAME **Caroline Rickert**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Little Vine Missouri**

17. INFORMANT **Nora Hunt** (ADDRESS) **3322 Blair**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Winegarden Mo.** DATE **Jan. 5, 1938**

19. FUNERAL DIRECTOR **Suedmeyer & Sons** (ADDRESS) **3934 N. 20 St.**

20. FILED **JAN 4 1938** **J. Bredbeck** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 2nd, 1938**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **6:25 P.M.**  
 The principal cause of death and related causes of importance were as follows:

**Coronary Thrombus;  
Aortic Stenosis;  
Cardiac Hypertrophy.**

Date of onset

Other contributory causes of importance:

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..... **See above**  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify.....  
 (Signature) **Joseph M. Jernigan, M.D.**  
 (Address) **1000 1/2 Corner**

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.

