

FEB 12 1938

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

791 2  
1008 1

284  
Do not use this space.

140

1. PLACE OF DEATH

(a) County St Louis Registration District No. \_\_\_\_\_  
 (b) Township Mo Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 (c) City Mo (d) Street No. 4652 Kennerly 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

(a) Residence, No. 4652 Kennerly St. 11 (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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN F HUNT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-4-1853

7. AGE YEARS 84 MONTHS 6 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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) Ireland

FATHER 13. NAME PAT HUNT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME MARY HUNT

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Joseph HUNT  
4652 Kennerly

18. BURIAL, CREMATION, OR REMOVAL PLACE CEMETERY DATE 1-7-38

19. FUNERAL DIRECTOR (ADDRESS) SULLIVAN  
2849 N. Euclid

20. FILED JAN 5 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 2 1938, to Jan 4 1938  
 I last saw her alive on Jan 3 1938. Death is said

to have occurred on the date stated above, at 3:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Edema  
Terminal Pneumonia Lobar Date of onset 1/3/38

Other contributory causes of importance: 108  
Ch. Myocarditis  
Ac. Myocarditis, non deph. 1/2/38

Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_  
 What test confirmed diagnosis Physiologist 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? No  
 If so, specify \_\_\_\_\_ (Signed) Eugene K. Miller, M. D.  
 (Address) 4468 1/2 Alderman Blvd

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, Eugene H. Sullivan, Licensed Embalmer No. 2930  
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 Eugene H. Sullivan  
Licensed Embalmer No. 2930

**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.)**