

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791
100827285
Do not use this space.

Registered No. 7299

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City..... St. Louis..... (d) Street No..... Homer Phillips Hospital..... 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 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME..... Dilcia Hunt

- (a) Residence, No..... 2717 Lucas..... St. 21..... (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..... F..... 4. COLOR OR RACE..... C..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)..... Separated
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF..... unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)..... Dec. 4, 1887

7. AGE..... YEARS..... 50..... MONTHS..... 8..... DAYS..... 11..... If LESS than 1 day, hrs. or min.

- OCCUPATION
 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)..... Arkansas
 (STATE OR COUNTRY)

- FATHER
 13. NAME..... Love Carter

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

- MOTHER
 15. MAIDEN NAME..... Delia McGee

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

17. INFORMANT..... Evelyn Hilliard
 (ADDRESS)..... 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
 PLACE..... Washington Park..... DATE..... 8/18/38..... 19

19. FUNERAL DIRECTOR (NAME)..... E. L. Garner
 (ADDRESS)..... 2829 Washington Avenue

20. F..... AUG 17 1938..... J. P. Biedich
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)..... August 15..... 1938

22. I HEREBY CERTIFY, That I attended deceased from
August 10..... 1938..... to..... August 15..... 1938

I last saw h..... er..... alive on..... August 15..... 1938 Death is said to have occurred on the date stated above, at..... 4:45am.

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

Hypertensive heart disease..... Date of onset 8/10/38

Other contributory causes of importance:

Cerebral accident

Name of operation..... Date of.....

What test confirmed diagnosis?..... clinical..... 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?.....

If so, specify.....
 (Signed)..... H. J. Luman..... M. D.

(Address)..... 2601 N Whittier

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3994

Isaac Jerome Manlove, or by _____

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

Signed Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 3655 Windsor Pl

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.)

If this body is not embalmed, above space should be left blank.