

39 FEB 7 1939

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

3864  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township \_\_\_\_\_ Primary Registration District No. 111 Registered No. 50  
 (c) City Richmond Heights (d) Street No. St. Mary's 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louise A. Hunt  
 (a) Residence, No. 4915 Pershing Ave St.   
 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore Hunt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14th 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>83</u>	<u>5</u>	<u>25</u>		

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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) St. Louis (STATE OR COUNTRY) Mo

FATHER 13. NAME William Booth

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

MOTHER 15. MAIDEN NAME Marie Tesson Honore'

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Charles L. Hunt  
4915 Pershing Ave

18. BURIAL ~~CALVARY~~ PLACE Calvary DATE Jan 11th 1939

19. FUNERAL DIRECTOR (NAME), Wagoner Und. Co  
(ADDRESS) 3621 Olive St. St. Louis

20. FILED JAN 10 1939 G.R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/22, 1938, to 1/9, 1939

I last saw him alive on 1/9, 1939. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:  
Acute pneumonia  
Intestinal obstruction (perforated)  
Caused by mesenteric thrombosis

Date of onset 12/12/38

Other contributory causes of importance: 10 days

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Thomas B. Bredner, M. D.  
 (Address) 4060 Maryland

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

....., or by .....

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

Signed *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive.*

**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.**