

APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

8915
Do not use this space.
2680

1. PLACE OF DEATH ENROUTE Homer PHILLIPS 791
(a) County 3 Registration District No. 1003
(b) Township _____ Primary Registration District No. _____ Registered 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)
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.
536
2. PRINT FULL NAME George HUNTER
(a) Residence, No. 14 JAMETON St. 22
(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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1907
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 9 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) PINE BLUFF Ark.

FATHER 13. NAME HENRY HUNTER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Lizzie Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) Ruth Hunter 3513 MARKET ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE March 21 1939

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

20. FILED MAR 21 1939 J. B. Brudick Local Registrar.

NO MEDICAL CERTIFICATE OF ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/13/39 19
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on _____ 19____ Death is said to have occurred on the date stated above, at 1:05 P.M.
The principal cause of death and related causes of importance were as follows:

Hemorrhage due to Fracture of the Skull, as the result of being struck with a club in the hands of one Eugene Tyus or "Tice" at 2146 Walnut Street about 10:00 P.M., Feb. 11, 1939.
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 Homicide Date of injury 2/11/1939
Where did injury occur? St. Louis Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Public Place

Manner of injury See Above.
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Raymond E. Geliske, Licensed Embalmer No. 3985

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

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

Signed Raymond E. Geliske
City License #99 Licensed Embalmer No. 3985

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.)