

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

17301
Do not use this space.

4835

REC'D JUN 1, 1939

1. PLACE OF DEATH

(a) County..... 2 Registration District No.....
 (b) Township..... 1 Primary Registration District No..... Registered No.....
 (c) City St. Louis, Mo. (d) Street No. 1148 Canaan Ave. 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 Joseph M. Hunt,

(a) Residence, No. 1148 Canaan Ave., St. 8 (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 Blanche Hunt, 1874

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12th, 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	65	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plumber,

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) St. Louis, Mo.

FATHER

13. NAME John Hunt,

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

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs. Blanche Hunt,
1148 Canaan Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cem. DATE May 29th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und. Co
1417 N. Market Street

20. FILED MAY 28 1939 J. B. Bredbeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1939, to 5-26, 1939

I last saw him alive on 5-26, 1939 Death is said to have occurred on the date stated above, at 3:30 m.

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

Cerebral anemia & softening from Arterio Sclerosis. Possible brain tumor.

Date of onset

Other contributory causes of importance:

Name of operation 870 Date of

What test confirmed diagnosis?

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? no

If so, specify W. P. Hamilton M. D.
 (Signed) 1363 Dalls Ferry Rd
 (Address)

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.

1 X1695

Hamilton 8363 Hesse Tracy 101.
2-4-8.m.

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.