

AUG 11 1939

791

Registration District No.

1008

Primary Registration District No.

1. PLACE OF DEATH:

(a) County ----- 2
 (b) City or town -----
 (c) Name of hospital or institution:
4210a W. Finney Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution -----
 (Specify whether
 In this community -----
 years, months or days)

3. (a) PRINT FULL NAME BENJAMIN HUNT 530

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie M. Hunt 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Unknown-- 1864
 (Month) (Day) (Year)

8. AGE: Years About 75 Months --- Days --- If less than one day --- hr. --- min.

9. Birthplace Jackson Tennessee
 (City, town, or county) (State or foreign country)

10. Usual occupation ---

11. Industry or business W.P.A.

12. Name Unavailable---Hunt

13. Birthplace --- ---
 (City, town, or county) (State or foreign country)

14. Maiden name Annie Winters

15. Birthplace Unavailable
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jessie M. Hunt

(b) Address 4210a W. Finney Avenue

17. (a) Burial (b) Date thereof 7/9/39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Galt

(b) Address 4107-09 Finney Avenue

19. (a) JUL 10 1939 (b) J.D. Baedeker
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ---
 (c) City or town Saint Louis 111
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4210a W. Finney Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
 year 1939 hour 6 minute 55 p.m.

21. I hereby certify that I attended the deceased from ---, 19---, to ---, 19---;
 that I last saw him alive on July 6th, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to Gangrene of Lt. foot
 Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) ---

Major findings: Of operations No operation

Of autopsy --- ---

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ---
 (b) Date of occurrence ---
 (c) Where did injury occur? (City or town) (County) (State) ---
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

While at work? (Specify type of place) (e) Means of injury ---

23. Signature J.D. Baedeker (M. D. or other) ---
 Address 822a N. Jefferson Date signed 7/10/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

9909

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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.....

..... **James A. Johnson** Registered Apprentice No.
working under my personal supervision.

Signed..... *Julia A. Finney*

Licensed Embalmer No. **3522**

P. O. Address..... **4107 Finney Ave.**

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.