

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1828

1. PLACE OF DEATH
(a) County St. Louis
(b) City or town Creve Coeur Lakes
(c) Name of hospital or institution Marine Ave.
(d) Length of stay: In hospital or institution 18 days
In this community 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town Springfield
(d) Street No. 1304-6-Atlantic
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Sidney A. Hunt
(b) If veteran, name war _____ (c) Social Security No. _____
4. Sex M Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife Susan Hunt
(c) Age of husband or wife if alive 65 years
7. Birth date of deceased 7 Nov. 5 1862

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 18
year 1939 hour 9^{pm} minute 30 M.
21. I hereby certify that I attended the deceased from Oct 7 1939, to Oct 18 1939
that I last saw him alive on Oct 18 1939
and that death occurred on the date and hour stated above.
Immediate cause of death Tuberc pneumonia Duration _____

8. AGE: Years 76 Months 11 Days 13
9. Birthplace Marshfield Mo.
10. Usual occupation Farmer
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

Due to _____
Due to _____
Other conditions _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
16. (a) Informant's own signature Ida Jennings
(b) Address 2201 Bellevue
17. (a) Burial (b) Date thereof 10-21-39
(c) Place: burial or cremation Timberidge, Mo.
18. (a) Signature of funeral director Ganssauer Bros. Inc.
(b) Address 2504 Woodson Overland, Mo.
19. (a) OCT 18 1939 (b) Registrar's signature

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? _____
(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 R B Jenny (M. D. or other) _____
Address Creve Coeur, Mo. Date signed Oct 18 39

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland Mo

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.