DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41900

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 11023

1. PLACE OF DEATH:

(a) County 2

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4230½ Cote Brilliante 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town Saint Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4230½ Cote Brilliante Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Moses Hunt 530

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Katie Hunt | 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Unavailable, 1872
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 67			hr. min.

9. Birthplace Farmington (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Custodian 0

11. Industry or business Unemployed 0

FATHER
12. Name Jim Hunt 0
13. Birthplace Farmington (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Farmington (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Katie Hunt
(b) Address 4230½ Cote Brilliante Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/1939 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) DEC 26 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23, year 1939 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from December 21st, 1937, to December 23, 1939 that I last saw him alive on December 23d, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rupture of a Cardiac Aneurysm	3 Yrs.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

93C

Major findings: Of operations No operation
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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? ---- (Specify type of place)
While at work? --- (e) Means of injury ----

23. Signature Otis E. Henry (M. D. or other)
Address 4322a Easton Avenue Date signed 12/26/1939

(Licensed Embalmer's Statement on Reverse Side)

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

James A. Johnson, Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.