

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 784 Primary Registration District No. 11 Registrar's No. 2305

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Richmond Heights
 (c) Name of hospital or institution: 7367 La Veta
 (d) Length of stay: In hospital or institution _____
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Richmond Heights
 (d) Street No. 7367 LaVeta
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Hattie M. Hunter
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 26th year 1939 hour _____ minute 5:30 P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Wm. C. Hunter
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 185 1867

21. I hereby certify that I attended the deceased from 12-26-39 to 12-26-39 that I last saw her alive on 12-26 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary Occlusion & Infarct Duration 4 hrs.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>8</u>	<u>25</u>	hr. _____ min. _____

Due to Chronic suppurative Bronchitis 1 yr.
Chronic myocarditis 5 yrs.
 Due to Senility

9. Birthplace St. Louis Mo.

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 930

10. Usual occupation At Home
 11. Industry or business _____
 12. Name Wm. Stelty
 13. Birthplace Germany
 14. Maiden name Unknown
 15. Birthplace Unknown

Of autopsy No
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Wm. C. Hunter
 (b) Address 7367 La Veta

* If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof Dec. 28, '39
 (c) Place: burial or cremation Valhalla Cemetery

(c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director C.R. Lupton & Sons
 (b) Address 7233 Delmar Blvd
 19. (a) DEC 28 1939 (b) DR. Meyer

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Sam A. Barrett (M. D. or other) _____
 Address 1200 S. Big Bend Date signed 12-28-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1200 Big Bend
No. 8888

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address. 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.