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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 5564

Registrar's No. 1812

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: ST Mary's Infirmary O (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 000 17

(c) City or town ST Louis 9 18 (If outside city or town limits write "RURAL")

(d) Street No. 4143 Papin (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Baby Girl Hunter

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced O

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 23 (Day) 1941 (Year)

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Lemon Hunter
13. Birthplace Tenn (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name ~~[illegible]~~ Lucille Walker
15. Birthplace Mo (City, town, or county) O (State or foreign country)

16. (a) Informant Lemon Hunter

(b) Address 4229 Papin St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C W Roberts

(b) Address 3035 Lucas ave

19. (a) FEB 26 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24 year 41 hour 2 minute 20 A M.

21. I hereby certify that I attended the deceased from 23rd Feb ~~19~~, to 24th Feb 1941, that I last saw her alive on 24th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis of Lungs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Atelectasis Wide open ductus arteriosus

Duration

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)

(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 [signature] (M. D. or other) M.D.

Address 1536 Papin St Date signed 2-24-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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