

No. 2
1-4-41
17-39
X26300

791

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1 ()
(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 William F. Hunstock

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

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

6. (b) Name of husband or wife Evaline Hunstock 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased September 10 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Hannibal (City, town, or county) (State or foreign country) Mo.

10. Usual occupation Retired Leather Worker

11. Industry or business _____

12. Name George Hunstock

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

14. Maiden name Unknown

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

16. (a) Informant Evaline Hunstock

(b) Address 4201 Beethoven

17. (a) Cremation (b) Date thereof 6/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director J. H. Bredeck

(b) Address 3013 Meramec

19. JUN 12 1941 (Date received local registrar) J. H. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County CCO
(c) City or town St. Louis 1517
(If outside city or town limits, write "RURAL")
(d) Street No. 4201 Beethoven 9
(If rural, give location)
(e) No Citizen of foreign country (Yes or No)
If yes, name country Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1941 hour 10.00 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia
fractured skull, subarachnoid
hemorrhage of brain
Died suffered when he fell
in the bath room at his
home 4201 Beethoven ave

Duration

PHYSICIAN

Major findings: 6/2/41 1863
Of operations: 18
Of autopsy: _____

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) Accident

(b) Date of occurrence 6/2/41 CCO MO

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

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

23. Signature W. H. Perry (M.D. or other)
Address Superior Court Date signed 6/12/41

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

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.....

George J. Duhaime, Registered Apprentice No.....
working under my personal supervision.

Signed *George J. Duhaime*

Licensed Embalmer No. *2905*

P. O. Address *3013 Main*

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, fact should be so stated above.