

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis,**
(c) Name of hospital or institution:
2012 Rutger Street /
(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 **000**
(c) City or town **St. Louis,**
(d) Street No. **2012 Rutger Str.**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **26** year **1941** hour **12** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **June 15 -**
1941 to **July 26 - 1941**
that I last saw her alive on **August 26 - 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardiac Dilatation** Duration
Chronic Myocarditis and Mitral Stenosis

Due to **Chronic Myocarditis and Mitral Stenosis**
Due to

Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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?

While at work? (Specify name of place) (e) Means of injury
23. Signature **Jay H Lamb** (M. D. or other)
Address **24064 Olive** Date **Aug 26 41**

3. (a) PRINT FULL NAME **Anna Bell Hunt**

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

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

6. (b) Name of husband or wife **James Hunt** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased. **Unknown** **About 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 62 **Unknown** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **James Mc Alister**

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

14. Maiden name **Caldonia Daniels**

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

16. (a) Informant **James Hunt**

(b) Address **2012 Rutger Str.**

17. (a) **Burial** (b) Date thereof **Aug. 28, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mathews**

18. (a) Signature of funeral director **W. B. Maxwell**

(b) Address **1926 Allen Ave**

19. **AUG 28 1941** (b) **H. Bredenk**
State Registrar's Signature (Registrar's signature)

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

50
17
9

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.....

Benny C. Duncan

Licensed Embalmer No. *1272*

P. O. Address *1926 Allen*

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.