No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30153

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 7492

1. PLACE OF DEATH:

(a) County _____

(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. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 096

(c) City or town University City N.R. 3
(If outside city or town limits, write "RURAL") 5

(d) Street No. 830a Perdue Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME AUBREY M. HUNTER

3. (b) If veteran, name war None

3. (c) Social Security No. 702-10-8036

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Julia Hunter

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased April (Month) 1 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
50	5	15	hr. ____ min.

9. Birthplace LaBelle (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Div. Freight Agent M.K.&T

11. Industry or business Railroad (M.K.&T)

FATHER
12. Name James C. Hunter
13. Birthplace unknown (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mildred Fellers
15. Birthplace unknown (City, town, or county) Indiana (State or foreign country) 1

16. (a) Informant Julia Hunter
(b) Address 830a Perdue Ave.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Sept. 17/41 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Missouri.

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis.

19. (a) Sep 16 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1941 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from June 1, 1941 to Sept 15, 1941; that I last saw him alive on Sept 15, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage (non traumatic)	1 da.
Due to arterial hypertension	3 yrs
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) O.M.D.
Address 402 Lenox Bldg Date signed 9-16-41

(Licensed Embalmer's Statement on Reverse Side)

4500 Olive
FO-3800
12:30 to 3 P.M.

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 Murra

Licensed Embalmer No. 4011

P. O. Address St. Louis, M

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

If this body is not embalmed, fact should be so stated above.