

2
4-41
7-39
X26390

FILED OCT 18 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7663**

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: **Homer G Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 mos 16 das**
(Specify whether
In this community **??**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL") **19 17**
(d) Street No. **4474 Enright Ave**
(If rural, give location) **5**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Laura Hunn**

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

4. Sex **Female** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Jesse Hunn** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **unavailable abt. 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt. 64 hr. min.

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

10. Usual occupation **Housework**

11. Industry or business

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Emmie Hopson**

(b) Address **4474 Enright Ave.**

17. (a) **Burial** (b) Date thereof **9-23-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **Shan J. Bates**

(b) Address **4107 Finney Ave. St. Louis.**

19. (a) **SEP 23 1941** (b) **J. J. Budick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **21**
year **1941** hour **4:07** minute **A** M.

21. I hereby certify that I attended the deceased from **June 5** 19**41** to **September 21** 19**41**
that I last saw her alive on **September 21** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Parenchymatous Neurosyphilis** Duration **Indef.**

Due to

Due to **[Handwritten Signature]**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **[Handwritten Signature]**

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 type of place) (e) Means of injury

23. Signature **[Handwritten Signature]** (M. D. or other)
Address **2601 White Ave** Date signed **9-22-41**

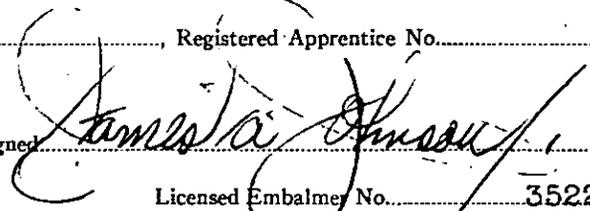
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

..... James A. Johnson, Registered Apprentice No.
working under my personal supervision.

Signed 

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.