No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33299

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8254

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
4411 Cottage Avenue /
(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 None 000 17

(c) City or town Saint Louis 9 / /
(If outside city or town limits, write "RURAL") 0

(d) Street No. 4411 Cottage Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME David C. Hunt

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Josephine Hunt

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 10th, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	5	4	hr. min.

9. Birthplace Sardis (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Janitor- unemployed

11. Industry or business

FATHER
12. Name Thomas Hunt
13. Birthplace Spotter (City, town, or county) N. Carolina (State or foreign country)

MOTHER
14. Maiden name Lucinda Banjo
15. Birthplace Unavailable (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Josephine Hunt
(b) Address 4411 Cottage Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cem

18. (a) Signature of funeral director Charles J. Gaber
(b) Address 4107 Finney Avenue

19. (a) OCT 17 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14
year 1941 hour 6 minute 15 A M.

21. I hereby certify that I attended the deceased from March 1940, 19 to Oct 14, 1941;
that I last saw him alive on October 14, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy — Duration 10 days

Due to Arterio Sclerosis — unknown

Due to Myasthenia Gravis — 18 mos

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 0

23. Signature S. E. Moore (M. D. ~~or other~~)
Address 809 N. Jefferson Date signed 10/16-41

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

Signed James A Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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

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