No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36888

State File No. 9118

DEC 22 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

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: Mohn Nursing Home. 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Years. (Specify whether years, months or days)

In this community 50 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County C00

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 195

(d) Street No. 5861 Cates Ave. (If rural, give location) 9 0

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Hunt.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

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

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

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

7. Birth date of deceased Unknown. (Month) 1870 (Year)

8. AGE: Years 71 Months Unknown. Days If less than one day hr. min.

9. Birthplace Des Moines, Iowa. (City, town, or county) 1 (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER 12. Name Thomas Montgomery.

13. Birthplace Ireland. (City, town, or county) 4 (State or foreign country)

MOTHER 14. Maiden name Margaret Dunnigan.

15. Birthplace Ireland. (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. Margaret Harbacek.

(b) Address 5806 Vernon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-41 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) NOV 17 1941 (Date received by local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15th. year 1941 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from March 19 1941 to 11-15 1941; that I last saw her alive on 11-15- 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Failure Congestive Myocarditis Chr.	
Due to Rheumatoid Arthritis	9 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 L. J. Hayden (M. D. or other) M. D.

Address 5899 Delmar Date signed 11/17/41

(Licensed Embalmer's Statement on Reverse Side)

Dr Hayden
5899 Delmar Blvd
2-6

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.