

FILED FEB 22 1942

1003

Registration District No. 2049

Primary Registration District No.

Registrar's No.

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: St. Anthony's Hosp. D  
(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 Mo. (b) County 24  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3524 S. Jefferson Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10  
year 1942 hour 1:10 minute 05 P. M.

21. I hereby certify that I attended the deceased from January 12 1942 to January 10 1942  
that I last saw him alive on January 10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction  
Due to: Perforated Gastric Ulcer  
Due to: Coronary Heart Disease  
Other conditions: None  
(Include pregnancy within 3 months of death)

Duration  
5 hrs.  
14 days  
2.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy: Perforated Gastric Ulcer - Ulcers of Ulcer's Gall Bladder - Intestinal Obstruction

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) (r) Means of injury \_\_\_\_\_  
23. Signature J. F. Mendenhall (M. D. or other) M.D.  
Address 2603 Cherokee St Date signed 1/11/42

3. (a) PRINT FULL NAME Frank J. Hunt

3. (b) If veteran, name war NO. 3. (c) Social Security No. 792-01-2894

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alma Hunt 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased: April 17 (Month) 1892 (Day) (Year)

8. AGE: Years 49 Months 8 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis (City, town, or county) Mo. D (State or foreign country)

10. Usual occupation Paper Hanger + Painter

11. Industry or business \_\_\_\_\_

12. Name William Hunt

13. Birthplace St. Louis (City, town, or county) Mo. D (State or foreign country)

14. Maiden name Julia Fahney

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

16. (a) Informant Alma Hunt

(b) Address 3524 S. Jefferson Av.

17. (a) Burial (b) Date thereof 1-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director W. B. ... & Co.

(b) Address 2929 S. Jefferson Av.

19. (a) JAN 10 (b) J. F. Mendenhall  
(Date received local registrar's report) (Registrar's signature)

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

2003  
1942

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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.....

*Paul A. Shanklin*....., Registered Apprentice No.....  
working under my personal supervision..

Signed.....

*Paul A. Shanklin*  
Licensed Embalmer No. 3472

P. O. Address 2929 S. Jefferson

**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.**