V. S. No. 2
OM—9-4-41
ev. 5-17-39
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96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1943

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 41950

Registration District No. 784 Primary Registration District No. 106 Registrar's No. 2537

**1. PLACE OF DEATH:**

(a) County ST. LOUIS
(b) City or town KIRKWOOD P.O.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1120-TIMBERLANE-1 ST LOUIS Co.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 YR 6 MO.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 96

(a) State MISSOURI (b) County ST LOUIS 0
(c) City or town KIRKWOOD RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1120 TIMBERLANE ST-LOUIS Co.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME MARY VIRGINIA HUNTER

3. (b) If veteran, name war — NO
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife EDWARD JOHN HUNTER
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased NOVEMBER 22 1856
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 86 | — | 11 | — hr. — min. |

9. Birthplace CANNONSEALL MINN 1
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business —

FATHER
12. Name LAFAYETTE BUTLER
13. Birthplace COLLINSVILLE CONN. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY BARNES
15. Birthplace COLLINSVILLE CONN 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs S. C. Hunter
(b) Address 1120 TIMBERLANE KIRKWOOD
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-4-1942 (Month) (Day) (Year)
(c) Place: burial or cremation LEWISTOWN-ILLINOIS
18. (a) Signature of funeral director Parker Und Co
(b) Address WEBSTER GROVES MO.
19. (a) DEC 4 - 1942 (Date received local registrar) (b) E. G. McGarron MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 3rd
year 1942 hour 7 minute 15A M.
21. I hereby certify that I attended the deceased from 1940
..... 19.., to Dec 3 1942
that I last saw her alive on Dec 1 1942
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| (1) Cancer entire left face with extensive metastasis | 10 yrs |
| Due to | |
| (2) Fr. left lip | 5 days |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

186a
13

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) Accident 125
(b) Date of occurrence Nov. 29 1942
(c) Where did injury occur? Kirkwood Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? ..... (e) Means of injury fall
23. Signature E. D. Deshaugh (M. D. or other)
Address Webster Groves Mo Date signed 12/3/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Fa C C Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves M

**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.**