

FILED FEB 9 1943 **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ben Hunnewell**
3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: **47** years **6** months **5** days
Unknown hr. min.

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

10. Usual occupation **Unknown**

11. Industry or business **Unknown**

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 **Ann P. Morrison**
(b) Address **St. Louis City Hospital**
17. (a) **Antonie** (Burial, cremation, or removal) (b) Date thereof **2-2-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **St. Louis**
18. (a) Signature of funeral director **W. R. ...**
(b) Address **3000 Fitzgibbon**
19. (a) **FEB 9 1943** (Date received local registrar) **J. F. Bullock** (Registrar's signature)

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") **17**
(d) Street No. **3507 Lucas Avenue** (If rural, give location) **921**
(e) Citizen of foreign country? **Unknown** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **29**
year **1943** hour **1:45** minute **A. M.**
21. I hereby certify that I attended the deceased from **January**
27, 19 **43**, to **January 29**, 19 **43**
that I last saw him **im** alive on **January 29**, 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary of Stomach**
Auricular Fibrillation
Due to **1/6**
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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) (c) Means of injury
23. Signature **M. D. Johnson** (M. D. or other)
Address **1515 Lafayette Avenue** Date signed **2/1/43**

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
....., Registered Apprentice No.
working under my personal supervision.

Signed
Licensed Embalmer No.
P. O. Address

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.