

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 700

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:
4346 Westminster Place, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 30 years. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Frank A. Hunter,
3. (b) If veteran, name war None 3. (c) Social Security No. 329-10-5658

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude V. Hunter 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased July 17, 1877.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>6</u>	<u>5</u>hr.min.

9. Birthplace Eureka, Kansas. /
(City, town, or county) (State or foreign country)

10. Usual occupation Pres't Hunter Packing Co.

11. Industry or business Meat Packing.

12. Name Andrew Jackson Hunter,
13. Birthplace Shelbyville, Illinois, /
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Weakley,
15. Birthplace Shelbyville, Illinois, /
(City, town, or county) (State or foreign country)

16. (a) Informant Frank A. Hunter
(b) Address 4346 Westminster Place,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/43
(Month) (Day) (Year)
(c) Place: burial or cremation Hellefontaine Cem.

18. (a) Signature of funeral director Wagoner Ind. Co.
(b) Address 3621 Olive St.

19. (a) Jan 21 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 4346 Westminster Place, (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1943 hour 5:15 minute P M.

21. I hereby certify that I attended the deceased from Sep 15, 1942 to Jan 22, 1943
that I last saw him alive on Jan 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 18 mo

Due to Arterio Sclerotic Heart Disease 18 mo

Due to.....

Other conditions 4/3
(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?

While at work? Washington (Specify type of place) (e) 1/23/43 (Date of injury)

23. Signature Washington (M. D. or other) 1/23/43
Address 3720 Washington Date signed 1/23/43

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

MOTHER FATHER

R. G. Kinella
3720 Washington Ave

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 Melvin J. Kemper

Licensed Embalmer No. 4052

P. O. Address 4005 Lexington

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.