S. No. 2
0M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12291

FILED MAY 3 1943

Registration District No. 18

Primary Registration District No. 1008

Registrar's No. 3797

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1 25

(c) City or town St. Louis, 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1426 N. 14th St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Jeanette Hunt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 10 (Month) 1 (Day) 1889 (Year)

8. AGE: Years 53 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Hazel Hurst (City, town, or county) Miss (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Henry Beachan

13. Birthplace ? (City, town, or county) Miss (State or foreign country)

MOTHER 14. Maiden name Carrie Flowers

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

16. (a) Informant Willie Hunt

(b) Address 1426 N. 14th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 Finney Ave.

19. (a) APR 23 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

8214

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17, year 1943 hour 9 minute 05 A. M.

21. I hereby certify that I attended the deceased from April 1, 1943 to April 17, 1943 that I last saw her alive on April 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Hypertrophy (Autopsy)	Unk.
Nephrosclerosis (Autopsy)	Unk.
Due to	
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 0

23. Signature Alva Moore (M. D. or other)

Address 26 Whittier Date signed 4/20/43

(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. S. J. Watson

Licensed Embalmer No. 269 S

P. O. Address 2769 Chouteau

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.