

7. 2. No. 2  
 00M-2-43  
 Let. 5-17-39  
 X3569

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

23109

State File No.

6247

FILED JUL 24 1943 318  
 Registration District No.

Primary Registrations District No.

1003

Registrar's No.

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

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

(d) Length of stay: in hospital or institution 2 mos., 17 days  
(Specify whether years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
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(d) Street No. 2623 Glasgow  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Flora Hunt

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color of race Cal

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: \_\_\_\_\_  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6,  
 year 1943 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from April 19,  
43 to July 6, 1943  
 that I last saw her alive on July 6, 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years abt 22 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Reynolds Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Maed

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

MOTHER FATHER { 12. Name Enoch Hunt

13. Birthplace not kn La  
(City, town, or county) (State or foreign country)

14. Maiden name Highy Redman

15. Birthplace not kn La  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Hunt

(b) Address 1323 Bndleton

17. (a) Burial (b) Date thereof 7-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Richard

(b) Address 2623 Glasgow

19. (a) JUL 10 1943 (b) J. F. Bedeck  
(Date received local registrar) (Registrar's signature)

Immediate cause of death \_\_\_\_\_  
Tuberculoma of Spinal Cord (Autopsy)  
Lungs not affected

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature J. M. J. Pearson (M. D. or other) \_\_\_\_\_  
 Address 2623 Glasgow Date signed 7/10/43

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

Signed.....

*AK Richards*

Licensed Embalmer No. 2928

P. O. Address. 2625 Glasgow

**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.**