

FILED AUG 12 1943 318

1003

Registration District No. _____

Primary-Registration District No. _____

Registrar's No. 6985

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: M. O. Pacific Hosp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 42 yrs (Specify whether
 In this community years, months or days)

3. (a) PRINT FULL NAME Edward Hunt

3. (b) If veteran, name war _____ 3. (c) Social Security No. 702-12-4530

4. Sex male 5. Color or race 2/2 col 6. (a) Single, widowed, married, divorced 1 married
 6. (b) Name of husband or wife Maggie Hunt 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Sept 15 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Grand Tower Ill (City, town or county) (State or foreign country)

10. Usual occupation fireman

11. Industry or business Tunnel R R

12. Name Thomas Hunt

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

14. Maiden name Alice Smith

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

16. (a) Informant Maggie Hunt

(b) Address 1106 So Cardinal

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

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. J. Breach
 (b) Address 2769 Chestnut

19. (a) AUG 2 1943 (Date received local registrar) (b) J. J. Breach (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St Louis 17
(If outside city or town limits, write "RURAL"
 (d) Street No. 1106 So Cardinal 9
(If rural, give location)
 (e) Citizen of foreign country? no (Specify whether
 If yes, name country _____)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1943 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 27 1943 to July 31 1943
 that I last saw him alive on July 31 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Sept embolism Duration 4 days
hemorrhage by perforation

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) gla

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. J. Breach (M. D. or other) MD
 Address 2769 Chestnut Date signed 7-31-43

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2719 Chouteau av

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.