

AUG 30 1943
Registration District No. **318**

Primary Registration District No. **1003**

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether
In this community **40 yrs**
years, months or days)

3. (a) PRINT FULL NAME **LAURA MOORE HUNTER**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widow**

6. (b) Name of husband or wife **Robert Harry Hunter** 6. (c) Age of husband or wife if alive **dec.** years

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

8. AGE: Years Months Days If less than one day
About 65 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Abbie Wilkinson**

(b) Address **5305 Delmar Blvd.**

17. (a) **Burial** (b) Date thereof **8-25-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Alexander & Sons**

(b) Address **6175 Delmar Blvd.**

19. (a) **AUG 21 1943** **J. F. Brudeck**
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **96**
(c) City or town **Robertson, Missouri** **NR.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Fee Fee Road**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **23**
year **43** hour minute M.

21. I hereby certify that I attended the deceased from **7-10-43**
to **8-23-43** 19... to 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombocytopenic Purpura**

Due to **Thrombocytopenic Purpura**

Due to **Thrombocytopenic Purpura**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None**
Of autopsy **Small thymus**

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 **R. Anderson** (M. D. or other)
Address **4932 Maywood** Date signed

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

Take to Mo. Baptist Nov.
in morning. Dr. Andrews
will sign there.

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address St. Louis Mo.

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.