. S. No. 2
00M—2-43
ev. 5-17-39
I 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. 35422

FILED DEC 7 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10218

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: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3636 Page Boulevard 11
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FRANK HUNTER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M ~~Male~~ 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Nancy Hunter

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

7. Birth date of deceased March (Month) 16 (Day) 1859 (Year)

8. AGE: Years 86 | Months 8 | Days 7 | If less than one day hr. min.

9. Birthplace Clarksville. (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant J. Finley Wilson
(b) Address Washington, D. C.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director E. B. Koonce
(b) Address 1221 N. Grand Blvd.

19. (a) NOV 26 1945 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1945 hour 11 minute A M.

21. I hereby certify that I attended the deceased from 10-5- 1945 to 11-23 1945;
that I last saw him alive on 11-23 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Hypertrophy with	Unk
Due to Decompensation	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93	

Major findings:
Of operations

Of autopsy Yes

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

23. Signature C. Daniels (M. D. or other)

Address 2601 N Whittier Date signed 11/26/45

(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 W. Claude Gordon

Licensed Embalmer No. 3459

P. O. Address 457 S Aldine

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.