

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 20 1946  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003 Registrar's No. 2387

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:  
4733 Nebraska Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4733 Nebraska Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Myron P. Hunt  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. retirement  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased August 10 1904  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 9th  
year 1946 hour 2 minute A. M.  
21. I hereby certify that I attended the deceased from 9-24, 1946, to 3-9, 1946;  
that I last saw him alive on 3-9, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary thrombosis  
Due to Coronary Artery Disease  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Duration  
thr.  
6 yrs

8. AGE: Years Months Days If less than one day  
41 6 29 hr. min.  
9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Rate Clerk  
11. Industry or business Universal Carloading  
12. Name Walter P. Hunt  
13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Gallagher  
15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
16. (a) Informant Lola Hunt  
(b) Address 4733 Nebraska Ave.  
17. (a) Burial (b) Date thereof Mar. 12, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Park Lawn Cemetery  
18. (a) Signature of funeral director Gilkin-Berg Mortuary  
(b) Address 2842 Meramec St.  
19. (a) MAR 12 1946 J. F. Prodnick  
(Date received by local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 D  
23. Signature H. J. Shubin (M. D. or other) MD  
Address 3608 A. Street Date signed 3-9-46

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

10171

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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 Laron E. Percy

Licensed Embalmer No. 4094

2842 Meramec St.

P. O. Address St. Louis, Missouri

**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.**