S. No. 2
OM—5-43
ev. 5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28749

FILED SEP 14 1946

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7506

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 7016a Pennsylvania
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry Hunt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Whita

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

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April (Month) 7 (Day) 1870 (Year)

8. AGE: Years 76 Months 4 Days 22 If less than one day hr. min.

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

10. Usual occupation Plate glass cutter

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name

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

16. (a) Informant Mrs. Emma Hunt

(b) Address 7016a Pennsylvamia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) AUG 30 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29 year 1946 hour 4.00 minute A. M.

21. I hereby certify that I attended the deceased from August 24, 1946 to August 29th 1946 that I last saw him alive on August 29th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma, primary with metastasis to liver,

Due to adrenal glands and lumbar vertibrae

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Ca of lung: liver, adrenal + lumbar vertibrae metastasis

Duration: months

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 Joseph E. Hynes (M.D. or other)

Address 1415 Lafayette Date signed 8/29/46

(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 George N.Archambault Registered Apprentice No. XXXXXXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.