

No. 2
-12-45
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35251

State File No. _____

FILED NOV 12 1948

1003

Registrar's No. 9373

Registration District No. _____ Primary Registration District No. _____

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

(d) Length of stay: In hospital or institution 2 days
In this community 1 year
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County and

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 11/7

(d) Street No. 1012 N Vandeventer
(If rural, give location) 90

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida Hunt

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 3 5. Color or race Colored

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased May 12 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72	5	18	hr. _____ min.
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9. Birthplace Aberdeen, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Jake Moseley

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

14. Maiden name Mary ?

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

16. (a) Informant Nosa Bradley

(b) Address 7012 N Vandeventer

17. (a) Removal (b) Date thereof 11-2-46
(Burial, cremation, or Removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kenton, Tenn

18. (a) Signature of funeral director C. J. Nash

(b) Address 3847 Page Bv.

19. (a) NOV 2 1948 J. F. Budeck
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1946 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from 10-28- 1946, to 10-30 1946,
that I last saw her alive on October 30 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular Disease with Cerebral Vascular Accident Undet

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy No

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 E. B. Williams (M. D. or other) _____
Address 2601 N Whittier Date signed 10/31/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *J. Nash*

Licensed Embalmer No. 2437

P. O. Address. 3847 Payer

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.