

FILED DEC 2 1946
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9826

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Little Sisters of the Poor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one year
(Specify whether _____)

In this community 68 years
years, months or days

3. (a) PRINT FULL NAME DANIEL HUNTER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Margaret Hunter (deceased)

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

7. Birth date of deceased: June 5, 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>3</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Confectionary Store (retired)

11. Industry or business self

12. Name Eugene Hunter

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

14. Maiden name Elizabeth Parly

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

16. (a) Informant Mrs. Clara Taylor

(b) Address 4526 Clayton Ave

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 10/19/46
(Month) (Day) (Year)

(c) Place: burial or cremation Palmyra Cemetery

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 119 S. Grand Ave

19. (a) NOV 18 1946
(Date received by registrar)

J. F. Bredeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 3400 S. Grand
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 16, year 1946 hour 6:45 minute PM M.

21. I hereby certify that I attended the deceased from Nov 16, 1946, to Nov 16, 1946, that I last saw him alive on Nov 15, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis, Occlusion

Due to arterio Sclerosis

Due to arterio Sclerosis

Other conditions: _____
(Include pregnancy within 3 months of death)

Duration 3 Weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy 94

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)

(c) Means of injury _____

23. Signature J. F. Bredeck (M. D. or other _____)

Address 607 W. Grand Date signed 11/18/46

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..... *Gas A Howard*

Licensed Embalmer No. *4139*

P. O. Address.....

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.