No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 22 1947

Registration District No. 7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 43819

Registrar's No. 2572

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 Days (Specify whether years, months or days)
In this community: 7 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 4210 West Belle, 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME: HUNTER, James L.
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: 702 10 3785
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mattie P.
6. (c) Age of husband or wife if alive: 41 years
7. Birth date of deceased: January (Month) 23 (Day) 1889 (Year)

8. AGE: Years 58 | Months 10 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace: Nashville, Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation: RR Waiter
11. Industry or business: Frisco R.R.
FATHER
12. Name: James L. Hunter
13. Birthplace: Nashville, Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Cecilia Johnson
15. Birthplace: Nashville, Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar
(b) Address: V.A.Hosp.Jefferson Brks. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Jefferson Barracks
18. (a) Signature of funeral director: Jas.H.Randle & Son
(b) Address: 3133 Bell Ave. St. Louis, Mo.
19. (a) 12-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 8 year: 1947 hour: 7:00 minute: P.M.
21. I hereby certify that I attended the deceased from Dec. 2, 1947 to December 8 1947 that I last saw him alive on December 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: (1) CIRRHOSIS OF LIVER WITH ASCITES — Duration: Unknown
Due to: 124b
Contributary cause: PORTAL VEIN THROMBOSIS

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

Major findings: Of operations:

Of autopsy: Autopsy performed (See cause of death)

PHYSICIAN: Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): None
(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: L.E. Stilwell, Clin. Dir. (M. D. or other)
Address: Jefferson Barracks, Mo. Date signed: 12/9/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1948

DEC. 31 1948

JAN 13 1948

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 S. J. Watson

Licensed Embalmer No. 269 A

P. O. Address 2769 Cheviot

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.