No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6519

FILED MAR 4 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1862

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3533a Market Street (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: 000

(c) City or town: Saint Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3533a Market Street (If rural, give location) 4

(e) Citizen of foreign country? (Yes or No) 5

If yes, name country

3. (a) PRINT FULL NAME: Arrilla Hunt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: Col

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: James Hunt

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

7. Birth date of deceased: Febuary (Month) 11 (Day) 1863 (Year)

8. AGE: Years 85 | Months 0 | Days 11 | If less than one day hr. min.

9. Birthplace: Atlanta Ga. (City, town, or county) (State or foreign country)

10. Usual occupation: Nil.

11. Industry or business

FATHER
12. Name: Robert Malone
13. Birthplace: Georgia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Emila (unk)
15. Birthplace: Georgia (City, town, or county) (State or foreign country)

16. (a) Informant: Fannie Scott
(b) Address: 3533a Market Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis Ill

18. (a) Signature of funeral director: [illegible]
(b) Address: 3517 Laclede Ave.

19. (a) FEB 24 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febuary day 22 year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 5, 1947, to Feb 22, 1948, that I last saw him alive on Feb 18, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	4 da
Due to: Chronic Nephritis	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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)

(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: Dr. W. S. Baldwin (M. D. or other)

Address: 1730 Bond Ave. E. St. Louis Date signed 2/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Jesse E Howard, Registered Apprentice No. 514, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede 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.