

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Missouri Pacific Hospital
(d) Length of stay: In hospital or institution 6 days
In this community 6 years, months or days

3: (a) PRENT FULL NAME Hunt, Robert Lewis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 27 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 0 16 hr. min.

9. Birthplace Como Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Missouri Pacific Railroad

12. Name Hayelt Hunt

13. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

14. Maiden name Ede Lewis

15. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

16. (a) Informant A. C. Ford

(b) Address 230 Stone Hall St.

17. (a) Motor (b) Date thereof 4-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson Tenn.

18. (a) Signature of funeral director Atkins Bros. Ufcs.

(b) Address 3644 Finner Ave.

19. (a) APR 14 1948 (b) J. J. Burdick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 999
(c) City or town St. Louis Jackson
(d) Street No. N.R. (If rural, give location) 40
(e) Citizen of foreign country? 6 (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 13
year 1948 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from April 13
8 1948 to April 13 1948
that I last saw him alive on April 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Massive Cerebral Accident
Due to Hypertensive C-V Disease
Due to _____
Other conditions 9/27
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0
While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature Vincent H. Meyer (M. D. _____)
Address Mo. Pa. 400 Date signed 4-13-48

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

MOTHER FATHER

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.