

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17943  
Registrar's No. 8474

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069

96  
8  
3

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

|  |                               |   |   |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>   |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brentwood</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u>  |                               | d. STREET ADDRESS (If rural, give location) <u>2153 Kentland Drive</u>  |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Olive</u> b. (Middle) <u>M.</u> c. (Last) <u>Hunt</u>   |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>4 7 1949</u>   |
| 5. SEX <u>F.</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>   | 8. DATE OF BIRTH <u>5/2/04</u>  |
| 9. AGE (In years last birthday) <u>44</u>  |                               | IF UNDER 1 YEAR Months <u>10</u> Days <u>5</u>  | IF UNDER 24 HRS. Hours <u></u> Min. <u></u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waitress</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>   | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>   |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>   |                               | 13a. FATHER'S NAME <u>Joseph J. Klump</u>   |   |
| 13b. MOTHER'S MAIDEN NAME <u>Emma Denevit</u>  |                               | 14. NAME OF HUSBAND OR WIFE <u>Joseph Hunt</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |                               | 16. SOCIAL SECURITY NO. <u>-</u>  | 17. INFORMANT'S SIGNATURE OR NAME <u>Orville J. Hunt</u> ADDRESS <u>2153 Kentland Drive</u>   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                    |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subacute bacterial endocarditis</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Valvular heart disease</u><br><br>DUE TO (c) <u>4214</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>922</u> |   |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION  |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                               |   |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 21f. HOW DID INJURY OCCUR?  |
| 22. I hereby certify that I attended the deceased from <u>Aug 28, 1948</u> , to <u>April 7, 1949</u> , that I last saw the deceased alive on <u>April 7, 1949</u> , and that death occurred at <u>6:40 P. m.</u> , from the causes and on the date stated above. |                               |   |   |
| 23a. SIGNATURE (Degree or title) <u>Ch Gockelman M.D.</u>  |                               | 23b. ADDRESS <u>2615 Brentwood Blvd</u>   | 23c. DATE SIGNED <u>4/8/49</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                               | 24b. DATE <u>4/11/49</u>  | 24c. NAME OF CEMETERY OR CREMATORY: <u>Calvary Cemetery</u> 24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>4-8-49</u>   |                               | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman W. ...</u> ADDRESS <u>6633 Clayton Road</u>   |   |

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ernest W. Spillars

Licensed Embalmer No. 4080

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.**