

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31862

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7869

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital, 17		d. STREET ADDRESS (If rural, give location) 5054 Raymond Ave	
3. NAME OF DECEASED (Type or Print) LARRY (Luby) Francis Hunt		4. DATE OF DEATH (Month) (Day) (Year) Sept. 10 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 14, 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Food Cost Expert		11. BIRTHPLACE (State or foreign country) Ashburn, Georgia	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dr. Franklin Hunt		13b. MOTHER'S MAIDEN NAME Mattie Bennett	
13c. NAME OF HUSBAND OR WIFE Edna Hunt		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 081-03-0544	
17. INFORMANT'S SIGNATURE OR NAME Clyde M. Hunt		ADDRESS 4504 St. Louis Ave	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. AUTOPSY?	
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) 95		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hx	
22. I hereby certify that I attended the deceased from Sept. 7, 1949, to Sept. 10, 1949, that I last saw the deceased alive on Sept. 10, 1949, and that death occurred at 3:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE F.R. Bridley		23b. ADDRESS Barnes Hospital	
23c. DATE SIGNED 9-10-49		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Sept. 12, 1949	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 12 1949 J.B. Lancaster		25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son, Inc. 2161 E. Fair Ave	

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Herford G. Burnley

Licensed Embalmer No. 4202

P. O. Address St. Louis, Mo.

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.