

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38863  
State File No. \_\_\_\_\_  
Registrar's No. **10342**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>	
c. LENGTH OF STAY (In this place) <b>20 years</b>		d. STREET ADDRESS (If rural, give location) <b>5400 Arsenal Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>BENJAMIN</b>		b. (Middle) <b>FRANKLIN</b>	
		c. (Last) <b>HUNTER</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 30, 1949</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Feb. 29th, 1888</b>
9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months <b>9</b>	IF UNDER 24 HRS. Days <b>1</b> Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inmate</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Saint Louis, Missouri</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>David H. Hescott, 3521 Fair Avenue</b>

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		since <b>May 1949</b>		
ANTECEDENT CAUSES		<b>Diabetis Mellitus</b>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		
		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		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) <b>13</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fall</b>

22. I hereby certify that I attended the deceased from **Jan. 1, 1946**, to **Nov. 30, 1949**, that I last saw the deceased alive on **Nov. 30, 1949**, and that death occurred at **12:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L. Hoville M.D.</b>	(Degree or title)	23b. ADDRESS <b>5400 Arsenal St.</b>	23c. DATE SIGNED <b>11/30/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/1/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>

DATE REC'D BY LOCAL REG. <b>DEC 1 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Foster</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Bl.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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

*Ralph C. Linders*

Licensed Embalmer No. 7275

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.