

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43736
State File No. 10656
Registrar's No.

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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4912	
		d. STREET ADDRESS (If rural, give location) 622 Nirk Ave.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) JAMES	b. (Middle) T.	c. (Last) HUNTER	Dec. 11, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 7, 1891	9. AGE (In years last birthday) 59	10. MONTHS 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Private Watchman		10b. KIND OF BUSINESS OR INDUSTRY Liggett & Meyers	11. BIRTHPLACE (State or foreign country) Carrol County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John T. Hunter	13b. MOTHER'S MAIDEN NAME Nancy McClure	14. NAME OF HUSBAND OR WIFE Elizabeth Hunter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. W.W. I 494-01-1544	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Hunter, Kirkwood, Mo.

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis		
	DUE TO (c) None		
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from 4/5, 1948, to 9/11, 1950, that I last saw the deceased alive on 9/11, 1950, and that death occurred at 8:30 AM, from the causes and on the date stated above.

23a. SIGNATURE E. Lee Shaden M.D.	23b. ADDRESS 3720 Washington, St. Louis, 8, Mo	23c. DATE SIGNED 12/12/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/14/50	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. DEC 14 1950	REGISTRAR'S SIGNATURE J. B. Proctor	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Boop, Inc., Kirkwood, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 24 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Felix Murand*

Licensed Embalmer No. *2034*

P. O. Address *Kirkwood 22, 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.