

FILED JUN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21271
5039
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003		State File No. 21271 5039		
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE No.				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			b. COUNTY St. Louis				
c. LENGTH OF STAY (in this place) 3			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood 4534				
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			d. STREET ADDRESS (If rural, give location) 2248 Yale ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Marietta		b. (Middle) -----		c. (Last) Hunter		4. DATE OF DEATH (Month) (Day) (Year) May 30 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 29, 1871	9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Melville, Illinois		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Charles Diamond			13b. MOTHER'S MAIDEN NAME Amanda Dabbs		14. NAME OF HUSBAND OR WIFE Charles		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Wilkening 2248 Yale 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxaemia & pranguination</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bleeding Peptic ulcer</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5H.O.1			
22. I hereby certify that I attended the deceased from <u>January 19 51</u> , to <u>5-30</u> , 1951, that I last saw the deceased alive on <u>5-30</u> , 1951, and that death occurred at <u>5p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ben A. Kinsman</u> MD (Degree or title)			23b. ADDRESS 7158 Manchester		23c. DATE SIGNED 5-31-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 4, 1951		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Bks. Mo.	
DATE REC'D BY LOCAL REG. MAY 31 1951		REGISTRAR'S SIGNATURE <u>J. B. Roster</u>		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS C. Hoffmeister U.S.L.C. 7814 S. Broadway			

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed.....
Student Embalmer

Signed *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address. *7514 S. Broadway*

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.