

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 1 1951

State File No. 28364
7418

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 4 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2099			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pacific Hospital				9. STREET ADDRESS (If rural, give location) 6324 N. Broadway			
3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) c. (Last) Hunter			4. DATE OF DEATH (Month) (Day) (Year) Aug 12 1951				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 2-1-1880	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster (retired)		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Jerseyville, Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		12a. FATHER'S NAME James Hunter		12b. MOTHER'S MAIDEN NAME Ellen Davis		12c. NAME OF HUSBAND OR WIFE Anna Hunter	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. on unknown) (If yes, give war or dates of service) No.		14. SOCIAL SECURITY NO. 702-12-6526		15. INFORMANT'S SIGNATURE OR NAME Leonard Spickett			
16. ADDRESS Granite City, MO		17. MEDICAL CERTIFICATION					
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Stomach and Jejunum				INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
		ANTECEDENT CAUSES 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 checked="" type="checkbox"/> NO <input 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? 151X			
22. I hereby certify that I attended the deceased from August 12, 1951, to August 15, 1951, that I last saw the deceased alive on Aug. 15, 1951, and that death occurred at 3:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Benjamin N. Clark, M.D. (Degree or title)				23b. ADDRESS Mo. Pacific Hospital St. Louis		23c. DATE SIGNED Aug. 20, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-21-51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. AUG 20 1951		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 8319 Halle 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 Eleana Pounce

Licensed Embalmer No. 3483

P. O. Address 8319 Hall Ferry

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.