

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. _____1. PLACE OF DEATH
a. COUNTY _____2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO b. COUNTY _____b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis c. LENGTH OF STAY (In this place) _____c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2189d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospitald. STREET ADDRESS (If rural, give location) 3220 So. COMPTON3. NAME OF DECEASED
a. (First) Edna b. (Middle) _____ c. (Last) Hunter4. DATE OF DEATH (Month) (Day) (Year) Nov. 23 19515. SEX 3
FEMALE6. COLOR OR RACE NEGRO7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 28. DATE OF BIRTH 3-1-19009. AGE (In years last birthday) 51IF UNDER 1 YEAR
Months _____ Days _____IF UNDER 24 HRS.
Hours _____ Min. _____10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Pittsburgh PA. 112. CITIZEN OF WHAT COUNTRY? USA13a. FATHER'S NAME VAN JONES13b. MOTHER'S MAIDEN NAME REBECCA BARBER

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS, RICHARD OWENS 3404 LAWTON18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Gastro-intestinal MalignancyINTERVAL BETWEEN ONSET AND DEATH Undet.

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) UndeterminedDUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 159X22. I hereby certify that I attended the deceased from 11-7, 1951, to 11-23, 1951, that I last saw the deceased alive on 11-23, 1951, and that death occurred at 9:05p m., from the causes and on the date stated above.23a. SIGNATURE (Degree or title) Laverne W. Harris D.23b. ADDRESS 2601 N Whittier St23c. DATE SIGNED 11-26-5124a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL24b. DATE 11-29-5124c. NAME OF CEMETERY OR CREMATORY GREENWOOD24d. LOCATION (City, town, or county) (State) St Louis Co. MODATE REC'D BY LOCAL REG. NOV 28 1951REGISTRAR'S SIGNATURE Earl Smith M.D.25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bennie Love 3103 Washington

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

W. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

4575 Alder

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.