

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43040**
11516

JAN 16 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2219 | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| c. LENGTH OF STAY (In this place) 20 yrs | | d. STREET ADDRESS (If rural, give location) 2313 near Delmar Blvd. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips | | | |

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|---|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) C. c. (Last) Hunter | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 21 1951 | | |
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | |
| 8. DATE OF BIRTH Jan. 5, 1886 | | 9. AGE (In years last birthday) 65 | | 10. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 11. BIRTHPLACE (State or foreign country) Louisiana | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |

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|--|--|---|--|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed-laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Louisiana | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME unknown | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE nil | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 491-12-9508 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Williams 805 N. 23rd St. | | | |

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|---|--|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | | | | |
| | | ANTECEDENT CAUSES | | | | | |
| | | DUE TO (b) Chronic Myocarditis DUE TO (c) Arteriosclerosis | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|---|--|--|--|---|--|--|--|
| 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) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? H221 | | | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:35 A.** m., from the causes and on the date stated above.

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|---|--|--|--|--|--|
| 23a. SIGNATURE [Signature] | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 12/22/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremial | | 24b. DATE 12-28-51 | | 24c. NAME OF CEMETERY OR CREMATORY Oakdale | |
| | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo | | | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. DEC 27 1951 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dement & Son 2629-31 Cole Street | |
|--|--|---|--|---|--|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Emb separate Cert. filed

DEC 27 1957

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.....

Licensed Embalmer No.....

P. O. Address.....

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.