S. No. 300
v. 10.48

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

FILED AUG 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29609

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7485

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Saint Louis 0
c. LENGTH OF STAY (In this place) 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2069
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Saint Louis 6
d. STREET ADDRESS (If rural, give location) 1315 Bayard St.

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle)
c. (Last) Hunter

4. DATE OF DEATH (Month) (Day) (Year) August 4, 1952

5. SEX Female 3
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH July 19, 1903
9. AGE (In years last birthday) 49 | If 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) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Private Family
11. BIRTHPLACE (State or foreign country) Monroe Louisiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Reed
13b. MOTHER'S MAIDEN NAME Lulu Green
14. NAME OF HUSBAND OR WIFE Milford Hunter (dec'd.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Lucille Harrison **ADDRESS** 1315 Bayard 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) Malignant Hypertension — INTERVAL BETWEEN ONSET AND DEATH: Undetermined

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cardiac Failure
Encephalganthy

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 445X

22. *I hereby certify that I attended the deceased from* July 26, 19 52, *to* Aug. 4, 19 52, *that I last saw the deceased alive on* Aug. 4, 19 52, *and that death occurred at* 8:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Edna E. Brooks **(Degree or title)** M.D.
23b. ADDRESS 2601 N. Whittier St.
23c. DATE SIGNED August 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/8/1952
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. AUG 6 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates **ADDRESS** 4107 Finney Ave.

mB

(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4059

P. O. Address 4407

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.