S. No. 300
v. 10.48

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

FILED OCT 1 1952

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

State File No. 33064

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8708

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2533 Sullivan

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2229
d. STREET ADDRESS (If rural, give location): 22 400 A.S. Jefferson Ave.

**3. NAME OF DECEASED** (Type or Print): a. (First) Lawson b. (Middle) E. c. (Last) Hunt

**4. DATE OF DEATH** (Month) (Day) (Year): Sept. 13, 1952

**5. SEX:** Male

**6. COLOR OR RACE:** Col.

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed

**8. DATE OF BIRTH:** Sept. 10, 1913

**9. AGE** (In years last birthday): 39 — If under 1 year: Months 0, Days 3; If under 1 hr.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Laborer

**10b. KIND OF BUSINESS OR INDUSTRY:** Vevier Loose Leaf Co.

**11. BIRTHPLACE** (City and State or Foreign Country): New Madrid, Mo.

**12. CITIZEN OF WHAT COUNTRY?** USA.

**13a. FATHER'S NAME:** Louis Hunt

**13b. MOTHER'S MAIDEN NAME:** Martha Hunt

**14. NAME OF HUSBAND OR WIFE:** None

**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.**

**17. INFORMANT'S SIGNATURE OR NAME:** Martha Hunt
**ADDRESS:** Decatur, Ill

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation when he was pinned beneath a rack of steel which fell upon the deceased while working at the Vevier

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c) Loose Leaf Co., 2533 Sullivan Ave., around

INTERVAL BETWEEN ONSET AND DEATH: 12:52 pm

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION:** Sept. 13 1952

**19b. MAJOR FINDINGS OF OPERATION:** 600 accident

**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident

**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Factory

**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):** St Louis Mo

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Sept 13 52 12:52

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?** E925.3

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* 1401 *m., from the causes and on the date stated above.* 5

**23a. SIGNATURE:** Alfred Perry Deputy Coroner **(Degree or title)**

**23b. ADDRESS:** 1300 Clark

**23c. DATE SIGNED:** 9/16/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): removal

**24b. DATE:** 9-18-52

**24c. NAME OF CEMETERY OR CREMATORY:** Washington Park

**24d. LOCATION** (City, town, or county) (State): St. Louis Co., Mo.

**DATE REC'D BY LOCAL REG.:** SEP 17 1952

**REGISTRAR'S SIGNATURE:** J. Carl Smith MD

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS:** Wright Funeral Home 3100 Easton Ave.

(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 _____, Student Embalmer No. _____, working under my personal supervision.

Student .....
Student Embalmer

Signed Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.