

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40915**

4006
BIRTH NO. **DEC 1 1952**

REG. DIST. NO. **317**PRIMARY REG. DIST. NO. **531**Registrar's No. **2989**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) University City		c. LENGTH OF STAY (in this place) 10 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) University City		d. STREET ADDRESS (If rural, give location) 7343 Princeton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7343 Princeton		d. STREET ADDRESS 7343 Princeton	
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Catherine	
		c. (Last) Hunt	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 24, 1877
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Daniel Hogan		13b. MOTHER'S MAIDEN NAME Julia Nash	
14. NAME OF HUSBAND OR WIFE Thomas Hunt			
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. None	
17. INFORMANT'S SIGNATURE OR NAME Marie Hunt		ADDRESS 7343 Princeton	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac valvular Disease	
		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4214	
		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 <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?			
22. I hereby certify that I attended the deceased from 11-5 , 19 51 , to 11-19 , 19 52 that I last saw the deceased alive on 11-18 , 19 52 , and that death occurred at 1:17 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Joe P. Berman		23b. ADDRESS M.O. 1225 No. Grand	
23c. DATE SIGNED 11-20-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-22-52	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 11-21-52		REGISTRAR'S SIGNATURE Herbert R. Donohue	
25. FUNERAL DIRECTOR'S SIGNATURE Harrigan-Sheahan		ADDRESS 4700 Washington	

(Licensed Embalmer's Statement on Reverse Side)

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 James Bensley
Licensed Embalmer No. 3653
P. O. Address St. Louis Mo

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.