S. No. 300
V. 10.48

FILED JUN 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22625

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 138

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri River, 1900 S. Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN: St. Charles
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1018 So. Benton St.

0923 1

3. NAME OF DECEASED (Type or Print)
a. (First): ROSCOE
b. (Middle):
c. (Last): HUNN

4. DATE OF DEATH (Month) (Day) (Year): June 19, 1953

5. SEX: Male 2
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: April 8, 1927
9. AGE (In years last birthday): 26 — If under 1 year: Months 2, Days 10, 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: American Car Co.
11. BIRTHPLACE (City and State or Foreign Country): St. Charles, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Roscoe Hunn
13b. MOTHER'S MAIDEN NAME: Carry Wheeler
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.: 486-28-8410
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Lillian Hunn, St. Charles, Missouri

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): Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Jury's Verdict.
DUE TO (c):

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

9298
42

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION

130

20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Missouri River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Charles, St. Charles, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 19, 1953 7 PM
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Swimming in River

Held inquest XXXXX

22. *I hereby certify that I attended the deceased from* 6/22/53, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Sunday *and pronounced death at* 1 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Minor Marshall Coroner
23b. ADDRESS: Jesse Wentzville Mo.
23c. DATE SIGNED: 6-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): St. Charles, Missouri

DATE REC'D BY LOCAL REG.: June 23 1953
REGISTRAR'S SIGNATURE: Fannie Hamilton Hackmann
284
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Barr, St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

1 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Clarence M. Bilb

Licensed Embalmer No. 4375

P. O. Address St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.