

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22626

FILED JUN 18 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 4452 Registrar's No. 18

1. PLACE OF DEATH  
a. COUNTY St. Charles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)  
a. STATE Mo b. COUNTY St. Charles

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville, Mo c. LENGTH OF STAY (In this place) Life

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION Wentzville. d. STREET ADDRESS (If rural, give location) \_\_\_\_\_

3. NAME OF DECEASED (Type or Print) a. (First) ALLEN b. (Middle) LEROY c. (Last) HUNTER 4. DATE OF DEATH (Month) (Day) (Year) June 2-53

5. SEX M 6. COLOR OR RACE B 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) \_\_\_\_\_ 8. DATE OF BIRTH May, 9. AGE (In years last birthday) IF UNDER 1 YEAR Months 16 IF UNDER 4 HRS. Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) \_\_\_\_\_ 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) Wentzville, Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Ralph Hunter 13b. MOTHER'S MAIDEN NAME Annmay Hamm 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Ralph Hunter Wentzville ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Congenital Malformation

ANTECEDENT CAUSES DUE TO (b) Regenerative System Defect June 2/53

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) Water Birth May 17/53

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

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 7562 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from May 17, 1953, to June 2, 1953, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Claude W. Dora M.D. (Degree or title) 23b. ADDRESS Wentzville, Mo 23c. DATE SIGNED 6-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 2-53 24c. NAME OF CEMETERY OR CREMATORY Hopewell 24d. LOCATION (City, town, or county) (State) St. Charles Mo

DATE REC'D BY LOCAL REG. June 8 1953 REGISTRAR'S SIGNATURE Martin Huff 498 FUNERAL DIRECTOR'S SIGNATURE Morris Muehling ADDRESS Wentzville

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 22 1965  
11:20  
11:20

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 not \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Maries M. Munsborn

Licensed Embalmer No. 2461

P. O. Address Wentzville

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

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