

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44766

**FILED DEC 21 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3111

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY _____ |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>5302 St. Louis 2059</u>                      |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>                         |  | d. STREET ADDRESS (If rural, give location) <u>5302 Cabanne</u>  |  |

|  |  |
|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Inez</u> b. (Middle) <u>Rodes</u> c. (Last) <u>Hunt</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>DEC. 4, 1953</u> |
|--|--|

|                 |                           |   |                                       |   |  |   |
|-----------------|---------------------------|---|---------------------------------------|---|--|---|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>June 10, 1879</u> | 9. AGE (In years last birthday) <u>74</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 4 HRS. Hours _____ Min. _____ |
|-----------------|---------------------------|---|---------------------------------------|---|--|---|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Teacher St. Louis Public Schools</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Tuscaloosa, Ala.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|---|---|---|

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|--|---|---|
| 13a. FATHER'S NAME <u>Rev Geo. H. Hunt</u> | 13b. MOTHER'S MAIDEN NAME <u>Inez Rodes</u> | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> |
|--|---|---|

|   |   |  |                               |
|---|---|--|-------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs G. R. Tillman</u> | ADDRESS <u>768 E Big Bend</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u>   |  |                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>ARTERIOSCLEROSIS</u><br>DUE TO (c) <u>SENILITY</u> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>  |   |  |                                  |

|                                    |  |  |
|------------------------------------|--|--|
| 19a. DATE OF OPERATION <u>NONE</u> | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------------|--|--|

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|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Ballwin, Mo</u> |
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|   |  |                                  |
|---|--|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 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 SEPT. 9, 1953, to DEC. 4, 1953, that I last saw the deceased alive on DEC. 4, 1953, and that death occurred at 10:15 A. M., from the causes and on the date stated above.

|  |                                 |                                 |
|--|---------------------------------|---------------------------------|
| 23a. SIGNATURE <u>B. E. Loving, M.D.</u> | 23b. ADDRESS <u>Ballwin, Mo</u> | 23c. DATE SIGNED <u>12-4-53</u> |
|--|---------------------------------|---------------------------------|

|  |                              |  |   |
|--|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Dec 7, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontain Cern.</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u> |
|--|------------------------------|--|---|

|   |   |  |                            |
|---|---|--|----------------------------|
| DATE REC'D BY LOCAL REG. <u>12-5-53</u> | REGISTRAR'S SIGNATURE <u>Hubert R. Donke M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander &amp; Sons</u> | ADDRESS <u>6125 Delmar</u> |
|---|---|--|----------------------------|

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**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 *jos. E. McCulloch*

Licensed Embalmer No. 2460

P. O. Address 6175 Dllm

**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.