

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7242

State File No.

FILED MAR 2 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 453

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u> | c. LENGTH OF STAY (in this place) <u>1 year</u> | c. CITY OR TOWN <u>Wellston</u> <u>4301</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1280 Morton Ave.</u> | | e. STREET ADDRESS (If rural, give location) <u>1280 Morton Ave.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u> | b. (Middle) <u>L.</u> | c. (Last) <u>Hunter</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>February 17, 1954</u> |
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| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>August 15, 1902</u> | 9. AGE (In years last birthday) <u>51</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Hartman Produce Co.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Louisiana, Missouri.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Michael E. Hunter</u> | 13b. MOTHER'S MAIDEN NAME <u>Nettie Jane Pitzer</u> | 14. NAME OF HUSBAND OR WIFE <u>Bernice Hunter</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bernice Hunter</u> | ADDRESS <u>1280 Morton Ave.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Carcinoma Lt. Lung</u> | | <u>1 wk</u> <u>1 yr</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163X</u> | | | |

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| 19a. DATE OF OPERATION <u>Jan. 5, 1954</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Inoperable Carcinoma Lt. Lung</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| a. 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) |
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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? |
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22. I hereby certify that I attended the deceased from Apr 10, 1953, to Feb 17, 1954, that I last saw the deceased alive on Feb 17, 1954, and that death occurred at 2:30 a m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) | 23b. ADDRESS <u>4952 Newland Ave</u> | 23c. DATE SIGNED <u>2/18/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-20-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Missouri.</u> |
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| DATE REC'D BY LOCAL REG. <u>2-19-54</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son, Inc.</u> | ADDRESS <u>2161 E. Fair Ave.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4400!

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.....
Signature of Student Embalmer

Signed *Clement McNeary*.....

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.