

FILED OCT 26 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35506**
Registrar's No. **8285**

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) 4134 Finney Av.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4134 Finney			

3. NAME OF DECEASED (Type or Print) a. (First) Earlie b. (Middle) _____ c. (Last) Hune			4. DATE OF DEATH (Month) (Day) (Year) 9 3 54		
5. SEX Female		6. COLOR OR RACE Negro		8. DATE OF BIRTH 4-18-1947	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child		9. AGE (In years last birthday) 7		10. KIND OF BUSINESS OR INDUSTRY none	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		11. BIRTHPLACE (City and State or Foreign Country) McCorley Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Joe W. Hune		13b. MOTHER'S MAIDEN NAME Lou Alice White		14. NAME OF HUSBAND OR WIFE _____	
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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) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Lou Alice Hune ADDRESS 4134 Finney	
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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, asphyxia, 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) Pneumonia					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Palsy					
		DUE TO (c) _____					
		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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 <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 **Aug 27, 1954**, to **9-3, 1954**, that I last saw the deceased alive on **Aug 27, 1954**, and that death occurred at **6 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marshall B. Greenman M.D.		23b. ADDRESS 412 N. Taylor St. St. Louis		23c. DATE SIGNED 9-8-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		24b. DATE 9-9-54		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
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DATE REC'D BY LOCAL REG. SEP 8 1954		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Manuel Und. Co. ADDRESS 4059 Finney	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmers' Statement on Reverse Side)

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 _____

W. Claude Gordon

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

W. Claude Gordon

Licensed Embalmer No. *3489*

P. O. Address *4575 Alder*

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.