

No. 300
10.48

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10545

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 705

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hts.
c. LENGTH OF STAY (in this place) 9 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Afton 482 P
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 9912 Talbot Ave.

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) _____ c. (Last) HUNT JR. 4. DATE OF DEATH (Month) (Day) (Year) Mar. 25 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Nov. 29, 1915 9. AGE (In years last birthday) 39 IF UNDER 1 YEAR Months _____ IF UNDER 24 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Budget & Statistical-Laclede Gas Co. 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) St. Albans, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Hunt Sr. 13b. MOTHER'S MAIDEN NAME Eugenia Stricker 14. NAME OF HUSBAND OR WIFE Mary Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) None 16. SOCIAL SECURITY NO. 494-03-9205 17. INFORMANT'S SIGNATURE OR NAME Mary Hunt ADDRESS 9912 Talbot Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYXOSARCOMA, GENERALIZED
ANTECEDENT CAUSES _____
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 9 YEARS

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) 197X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____ 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 JANUARY 24 1955, to MARCH 25, 1955, that I last saw the deceased alive on MARCH 25, 1955, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE James Eugene Lewis J. M.D. (Degree or title) 23b. ADDRESS 1325 So. Grand 23c. DATE SIGNED March 26, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar. 28, 1955 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. 3/26/55 REGISTRAR'S SIGNATURE Herbert R. ... 25. FUNERAL DIRECTOR'S SIGNATURE Mariegshauer ADDRESS 4228 S. Kingshighway Bl.

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

13258
J. E. ...
A. ...

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 *Edwin M. ...*

Licensed Embalmer No. 3024

P. O. Address _____

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.