

STANDARD CERTIFICATE OF DEATH

13482

State File No.

3058

FILED APR 18 1955

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY St. Mary's Infirmiry				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 OR TOWN St. Louis, Mo.)		c. LENGTH OF STAY (in this place) 10 days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmiry				STREET ADDRESS (If rural, give location) 21 2942 Bell Av. - Apt. 302				
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) A.		c. (Last) Hunter		4. DATE OF DEATH (Month) (Day) (Year) 4 2 1955		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-3-1889		
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 1		IF UNDER 1 YEAR Days 29		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business man			10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and State or Foreign Country) Louisiana		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William H. Hunter			13b. MOTHER'S MAIDEN NAME Amy Williams			14. NAME OF HUSBAND OR WIFE Geraldine Hunter		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-36-1625		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geraldine Hunter 2942 Bell-Apt. 302				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas INTERVAL BETWEEN ONSET AND DEATH 8 mos. ANTECEDENT CAUSES: 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.						
19a. DATE OF OPERATION March 1955		19b. MAJOR FINDINGS OF OPERATION Carcinoma pancreas + metastases - Mayo Clinic				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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? 157 X				
22. I hereby certify that I attended the deceased from July 1954 , to April 1955 , that I last saw the deceased alive on April 1955 , and that death occurred at 4:56 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE Frank O. Roberts (Degree or title) M.D.				23b. ADDRESS 4911 Highland		23c. DATE SIGNED April 1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 6, 1955		24c. NAME OF CEMETERY OR CREMATORY Galvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. APR 6 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		FUNERAL DIRECTOR'S SIGNATURE W. Lambert		ADDRESS 3100 Franklin		

(Licensed Embalmer's 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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. Claude Gardai*.....

Licensed Embalmer No. *34*.....

P. O. Address *45750*.....

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.