

FILED AUG 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25448

State File No.

Registrar's No. 1714

BIRTH NO.		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 644		Registrar's No. 1714	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
a. COUNTY ST. LOUIS		a. STATE MISSOURI		b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give town) KIRKWOOD		c. LENGTH OF STAY (In this place) 7 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) KIRKWOOD 4723			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL				d. STREET ADDRESS (If rural, give location) 1718 VIRGINIA LANE			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) HARRY	b. (Middle) W.M.	c. (Last) HUNTER	Month	Day	Year	July	13, 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 12, 1894		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SPECIAL TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY LACLEDE GAS. CO.		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY LEE HUNTER		13b. MOTHER'S MAIDEN NAME MARY S. BROWN		14. NAME OF HUSBAND OR WIFE THERESA HUNTER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 493-05-2336		17. INFORMANT'S SIGNATURE OR NAME ADDRESS THERESA HUNTER, 1718 VIRGINIA LANE			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hemorrhage from acute gastritis Esophageal Hemorrhage Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Acute Hemorrhage 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"/>	
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) 5400			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 July 8, 1956 to July 15, 1956 that I last saw the deceased alive on July 13, 1956 and that death occurred at 11:40 p.m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lloyd S. Polak M.D.				23b. ADDRESS 109 N. Taylor, Kirkwood, Mo.		23c. DATE SIGNED July 15, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/16/56	24c. NAME OF CEMETERY OR CREMATORY ST. LUCAS CEMETERY		24d. LOCATION (City, town, or county) (State) SAPPINGTON, MO.		
DATE REC'D BY LOCAL REG. 2/16/56		REGISTRAR'S SIGNATURE (Licensed Embalmer) Statement on Reverse Side		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PEITZINGER MORTUARY, KIRKWOOD, MO.			

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

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed William H. Fitzgerald

Signed.....
Student Embalmer

Licensed Embalmer No. 14318

P. O. Address Kirkwood, Mo

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.