

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11404

State File No.

FILED MAR 18 1957

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>568</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>4 hrs.</u>		c. CITY OR TOWN <u>Overland</u> <u>4190</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp..</u>				e. STREET ADDRESS (If rural, give location) <u>2720 Wheaton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) .. c. (Last) <u>Hunsel</u>			4. DATE OF DEATH <u>3 - 1 - 1957</u>				
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>Jan. 24, 1886</u>		9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months .. Days ..	IF UNDER 12 HRS. Hours .. Min. ..
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Harrison School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wentzville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank Hunsel</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Keyes</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Hanley Hunsel</u>			
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>497-07-2365</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Hanley Hunsel 2720 Wheaton</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Medullary Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>(Secondary to Trauma)</u> DUE TO (c) <u>Multiple Injuries</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT-SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Sq.</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>400</u> (COUNTY) <u>St. Louis</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY <u>Mar. 1, 1957 8¹⁵ P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by Auto</u>			
22. I hereby certify that I attended the deceased from <u>3 - 1</u> , 19 <u>57</u> , to <u>3 - 1</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3 - 1</u> , 19 <u>57</u> , and that death occurred at <u>11¹⁵</u> P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold F. Wang, M.D.</u>				23b. ADDRESS <u>601 S. Brentwood - Clayton, Mo.</u>		23c. DATE SIGNED <u>3-2-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 4, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Assumption</u>		24d. LOCATION (City, town, or county) (State) <u>O'Fallon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/3/57</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Dornhelm</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ortmann F. Home 0222 Lackland</u>			

(Licensed Embalmer) (Statement on Reverse Side)

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

S. No. 300
V. 10. 48

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. C. Ostmann*

Licensed Embalmer No. *3478*

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.