

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11405

State File No.

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 541 Registrar's No. 570

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>204</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Godfrey</u>		81208
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>2105 Holland St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>		b. (Middle) <u>F.</u>	c. (Last) <u>HUNT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 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>Feb. 11, 1887</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shell Oil Co</u>	11. BIRTHPLACE (State or foreign country) <u>Indianapolis Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Hunt</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ronan</u>		14. NAME OF HUSBAND OR WIFE <u>Emma M.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-07-3803</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Emma Hunt Godfrey, Ill</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Hypertensive C-V-R</u>				<u>15 yrs.</u>
	DUE TO (c) <u>Arteriosclerosis</u>				<u>20 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>None</u>				
19a. DATE OF OPERATION <u>No</u>	19b. MAJOR FINDINGS OF OPERATION <u>No</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Atton Madison Ill.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>No</u>			
22. I hereby certify that I attended the deceased from <u>1947</u> , 19 <u> </u> , to <u>death</u> , 19 <u> </u> , that I last saw the deceased alive on <u>2/22</u> , 19 <u>57</u> , and that death occurred at <u>2:30 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Hans Reuts</u>		23b. ADDRESS <u>604 E Broadway, Atton.</u>		23c. DATE SIGNED <u>3/2/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-4-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Godfrey Illinois</u>		
DATE REC'D BY LOCAL REG. <u>3/3/57</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donahoe</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Joseph A. Reut Atton, Illinois</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.