

FILED DEC 30 1957

STATEMENT OF DEATH

State File No. 45945

12132

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION 5037 Arlington Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED a. (First) JOHN b. (Middle) CRONIN c. (Last) HUNT SR. 4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Dec. 19, 1897 9. AGE (in years last birthday) 59

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur 10b. KIND OF BUSINESS OR INDUSTRY Beck & Corbitt 11. BIRTHPLACE (City and State or Foreign Country) O'Neill Nebraska 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Denis Hunt 13b. MOTHER'S MAIDEN NAME Nellie Cronin 14. NAME OF HUSBAND OR WIFE Jane Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes W.W.I. 16. SOCIAL SECURITY NO. 494-05-3252 17. INFORMANT'S SIGNATURE OR NAME Mrs. Jane Hunt ADDRESS 5037 Arlington Avenue

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) primary site unknown 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 8 mos

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 199.9 20. AUTOPSY? YES NO X

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5, 1957 to Dec 14, 1957, that I last saw the deceased alive on Dec 8, 1957, and that death occurred at 8 PM., from the causes and on the date stated above.

23a. SIGNATURE H. H. Goldt (Degree or title) 23b. ADDRESS 6000 W. Florissant 23c. DATE SIGNED DEC 17 '57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12/18/57 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. DEC 17 57 REGISTRAR'S SIGNATURE J. Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.

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

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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.....
J. M. Rister

Licensed Embalmer No. *3980*

P. O. Address *St. Louis,*

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.