

with, welfare public service
 000-56
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 Director, Coroner, etc. must use only standard form and not record of symptoms with previous death.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED MAR 5 - 1958

58-007383
 STATE FILE NUMBER

318

1003

Registrar's No. 1643

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 16 Mo. Baptist Hosp.		Length of stay in lb		STREET ADDRESS 29 th St. 4164 Loughborough		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Nicholas Michael Hunt				4. DATE OF DEATH Month Day Year 2/11/58			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1/22/96		9. AGE (In years last birthday) 62 yrs	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer		10b. KIND OF BUSINESS OR INDUSTRY St. L. Police Dept.		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Nicholas Hunt				14. MOTHER'S MAIDEN NAME ! Wife Anna Godfrey ! Anna E. Meiners Hunt			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I.		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Anna E. Hunt 4164 Loughborough			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Sepsis from necrosis of Abdominal Carcinomatosis</i> DUE TO (b) <i>Abdominal Carcinomatosis</i> DUE TO (c) <i>Carcinoma of Transverse Colon</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <i>Uremia</i>						INTERVAL BETWEEN ONSET AND DEATH 30 hrs 6 mo + 9 mo +	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 153.1				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 9/21/1957 to 2/10/58 and last saw her alive on 2/8/58 Death occurred at 4:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Joshua E. Jensen</i> (Degree or title) M.D.				22b. ADDRESS Grand & Washington		22c. DATE SIGNED 2/12/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/13/58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		
24. FUNERAL DIRECTOR E. J. Schnur 3125 Lafayette Ave.				25. DATE RECD. BY LOCAL REG. FEB 13 '58		26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Thomas R Fenwick

Licensed Embalmer No. *379*

P. O. Address *3125 Lafayette*

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.