

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008378

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 261

1. PLACE OF DEATH a. COUNTY St. Louis <u>St. Ann's Lane</u> <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Normandy Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Normandy 4710</u> <u>3715 St. Ann's Lane</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>O'Sullivan N. Home</u>		Length of stay in lb <u>2 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>Normandy Mo.</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>FLORENCE HUNT</u>			4. DATE OF DEATH Month Day Year <u>Feb 5 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5/5/1878</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	9. AGE (In years last birthday) <u>79</u>	11. BIRTHPLACE (City and state or country) <u>Belleville Ill</u>
13a. FATHER'S NAME <u>John Flegle</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Flegle</u>	14. NAME OF HUSBAND OR WIFE <u>George Hunt</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT Address <u>Mrs Mgt Glancy 6109 McPherson a</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic Cardiovascular</u>	<u>Unknown</u>
	DUE TO (c) <u>4201 Disease</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT <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 <u>March 24, 1956</u> to <u>Feb 5, 1958</u> and last saw her ^{her} alive on <u>Feb 3, 1958</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Lewis Litzmann MD</u> (Degree or title)	22b. ADDRESS <u>8231 Clayton Rd (17)</u>	22c. DATE SIGNED <u>2/6/58</u>

23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE <u>2/8/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cem.</u>	23d. LOCATION (City, town, or county) <u>St. Louis Mo.</u> (State)
24. FUNERAL DIRECTOR <u>Henry Sullivan 1150 N. Kgs Hwy</u>	25. DATE RECD. BY LOCAL REG. <u>2/6/58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Dambke MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

Dr.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1th, 2fare, 3lic, 4vice

0, 57, 60, 4

Dr Lavinia Pittman Pa 7-0202
56 Crestwood

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 Elmer R. Sadwell

Licensed Embalmer No. 4077
P. O. Address H. Lavin

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.