Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016309
STATE FILE NUMBER

FILED MAY 15 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1143

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Koch, Missouri — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Robt. Koch Hos. — Length of stay in 1b 8 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 2943 Pine — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First SIDNEY Middle Last HUNT

4. DATE OF DEATH Month April Day 24 Year 1959

5. SEX Male 2

6. COLOR OR RACE ~~Non-white~~ COLORED

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2

8. DATE OF BIRTH May 5, 1897

9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY unemployed

11. BIRTHPLACE (City and state or country) Hollandale, Miss. 1

12. CITIZEN OF WHAT COUNTRY? U.S.A. ?

13a. FATHER'S NAME Phillip Hunt

13b. MOTHER'S MAIDEN NAME Mary Harper

14. NAME OF HUSBAND OR WIFE -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) - (If yes, give war or dates of service) -

16. SOCIAL SECURITY NO. -

17. INFORMANT Address Koch Hospital records, Koch, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma, site undetermined (?) — INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 199.2
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 4-16-59 to 4-24-59 and last saw her/him alive on 4-24-59
Death occurred at 12:25 A.M. on the date stated above; and to the ~~best of~~ my knowledge, from the causes stated.

22a. SIGNATURE Bernard Friedman (Degree or title) M.D.

22b. ADDRESS Robt. Koch Hosp., Koch, Mo.

22c. DATE SIGNED 4-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify) ~~Removal~~ BURIAL

23b. DATE 4-30-59

23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery

23d. LOCATION (City, town, or county) (State) Berkeley City, Mo.

24. FUNERAL DIRECTOR Atkins Bros. ADDRESS 3644 Finney Ave.

25. DATE RECD. BY LOCAL REG. 4-27-59

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 John K Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Mo

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.