

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH
FILED VS OCT 5 1959

59-033920
 STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 8801**

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		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. H.G. HOSPITAL		d. STREET ADDRESS (If outside, give location) 1927 SEMPLE	

3. NAME OF DECEASED (Type or print) First Middle Last SEATONIA EDITH HUNT			4. DATE OF DEATH Month Day Year 9 23 59			
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-7-97	9. AGE (last birthday) 62	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) COVINGTON TENN		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME ADOUFER JOHNSON		13b. MOTHER'S MAIDEN NAME ELIZBETH HARRIS		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) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT Address GRANDISON HUNT 1927 semple
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Hypertension 443x		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)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO <input type="checkbox"/> Unknown	
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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 a.m. p.m. Month, Day, Year			

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
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21. I attended the deceased from **Sept. 11, 59** to **Sept 23, 59** and last saw her/him alive on **Sept 23-59**
 Death occurred at **11 D.A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter A. Goerge M.D.	(Degree or title)	22b. ADDRESS 4635 Easton	22c. DATE SIGNED 9/24/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 9-29-59	23c. NAME OF CEMETERY OR CREMATORY greenwood	23d. LOCATION (City, town, or county) st. louis Co., Mo.
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24. FUNERAL DIRECTOR SWAN-McGHEE UND. INC. 1619 union	25. DATE RECD. BY LOCAL REG. SEP 24 '59	26. REGISTRAR'S SIGNATURE Roan Smith, M.D.
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jeffrey E. Cooper

Licensed Embalmer No. 4600

P. O. Address 4648 St. Fern

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.