RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 14 1960

-60-008388

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1627

DED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: University City ~~St. Louis~~
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 6636 Kingsbury Blvd.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: FLORA; Middle: NMN; Last: HUNKINS
4. DATE OF DEATH: Month: FEBRUARY; Day: 11; Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/14/86
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: 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: Home
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Fred C. Trauernicht
13b. MOTHER'S MAIDEN NAME: Elizabeth Hoppe
14. NAME OF HUSBAND OR WIFE: Darius S. Hunkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Fred F. Hunkins, Address: 11 Sun Swift Lane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) RENAL FAILURE. — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CARCINOMA OF RECTUM — 1 YEAR
DUE TO (c) 154X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
ARTERIOSCLEROTIC HEART DISEASE
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 FEB. 7, 1960, to FEB. 11, 1960 and last saw her/him alive on FEB. 11, 1960
Death occurred at 6:10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F R Bradley (Degree or title) M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 2/11/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 2/12/60
23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cem.
23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR: Drehmann-Harral
ADDRESS: 1905 Union
25. DATE RECD. BY LOCAL REG.: FEB 11 1960
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D. MLC

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Albert R. Thompso

Signature of Student Embalmer

Licensed Embalmer No. 4237

P. O. Address St. Jam

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.