

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037070  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 2730

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED OCT 11 1962</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Overland</b>	Length of stay in 1b <b>17 yrs.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2509 Leslie Ave.,</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>2509 Leslie Ave.,</b>
3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b>Hunt</b> Last <b>Hunt</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-20-83</b>
9. AGE (last birthday) <b>79</b>	
IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>
11. BIRTHPLACE (City and state or country) <b>Bridgeton, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Wiegand</b>	13b. MOTHER'S MAIDEN NAME <b>Maria Wiegand</b>
14. NAME OF HUSBAND OR WIFE <b>Asa A. Hunt-(dcd).</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>
17. INFORMANT <b>Dorothy Boden-2509 Leslie-Overland</b> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> DUE TO (b) <b>Coronary sclerosis</b> DUE TO (c) <b>Arterio sclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertensive heart disease</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b> <b>30 yrs</b>	
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	
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	
21. I attended the deceased from <b>Jan 9, 1947</b> to <b>Sept 21, '62</b> and last saw her alive on <b>Sept 4, '62</b> Death occurred at <b>6:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Lincoln Kirstein</b> (Degree or title)	22b. ADDRESS <b>23 Normandy Shopping Center</b>
22c. DATE SIGNED <b>9/21/62</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-24-62</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Fee Fee Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Bridgeton, Missouri</b>	
25. DATE RECD. BY LOCAL REG. <b>9-22-62</b>	
26. REGISTRAR'S SIGNATURE <b>John B. Murphy M.D.</b>	

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

VS 300 Rev. 4/59  
1400X  
2400X  
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12 90-2  
13

USE BLACK INK OR TYPEWRITER RIBBON

**BAUMANN BROS. INC. FUNERAL HOME**  
**2504 WOODSON ROAD**  
**OVERLAND 14, MISSOURI**

(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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3457

P. O. Address St. L. 149ma

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.