

FILED JUL 6 1942

Registration District No. **791**

Primary Registration District No. **1003**

State File No. _____

Registrar's No. **5344**

1. PLACE OF DEATH:

(a) County **Saint Louis, Missouri.**
(b) City or town **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Alexian Bros. Hospital.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **St. Louis**
(c) City or town **Lemay** (If outside city or town limits, write "RURAL")
(d) Street No. **9832 Luna Ave.** (If rural, give location)
(e) Citizen of foreign country? **/** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18th**,
year **1942.** hour **10** minute **30 P. M.**

21. I hereby certify that I attended the deceased from
1941 19 _____ to **present time** 19 _____
that I last saw him alive on **June 18th** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration **6 hrs.**

Due to **Kidney failure** **6 mos.**

Due to **Hypertension** **1 to 2 yrs**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy **Cardiac Hypertrophy**
Nephrosclerosis, Congenital small **rt. kidney**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **A. J. Steiner** (M. D. or other) **MD**
Address **622 University Club Bldg.** Date signed **6/20/42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

3. (a) PRINT FULL NAME **William Hunter,**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **499-01-8798**
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married.**
6. (b) Name of husband or wife **Maude Hunter,** 6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **May 11th, 1876.** (Month) (Day) (Year)
8. AGE: Years **66** Months **1** Days **7** If less than one day _____ hr. _____ min.
9. Birthplace **Unknown Illinois.** (City, town, or county) (State or foreign country)
10. Usual occupation **Crane Man**
11. Industry or business **Laclede Gas Co.**
12. Name **William Hunter Sr.**
13. Birthplace **Unknown Unknown 9** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown Unknown 9** (City, town, or county) (State or foreign country)
16. (a) Informant **Maude Hunter**
(b) Address **9832 Luna Ave. Lemay Mo.**
17. (a) **Burial** (b) Date thereof **June 22, 42.** (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Park Lawn Cemetery.**
18. (a) Signature of funeral director **Ziegenhein Bros.**
(b) Address **6409 Gravois Ave.**
19. (a) **J. F. Brudeck** (b) **J. F. Brudeck** (Date received local registrar) (Registrar's signature)

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

J. Eddie W. Tringali

Licensed Embalmer No. *2270*

P. O. Address *6409 Haswell*

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 this body is not embalmed, fact should be so stated above.