

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8504

Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. Masonic Home, St.
(e) Length of residence in city or town where death occurred 7 yrs. mos. 24 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Joseph W. Hunter, 526
5351 Delmar Blvd.
(a) Residence, No. St. 12 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Martha S. Hunter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 17, 1851
7. AGE YEARS 86 MONTHS 3 DAYS 11 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as saw mill, bank, etc. Attorney at Law
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Belmont County, Ohio
(STATE OR COUNTRY)

13. NAME James Hunter,
14. BIRTHPLACE (CITY OR TOWN) Belmont County Ohio
(STATE OR COUNTRY)

15. MAIDEN NAME Margaret Williams
16. BIRTHPLACE (CITY OR TOWN) Fermanagh County, Ireland
(STATE OR COUNTRY)

17. INFORMANT Hiluith Halley
(ADDRESS) 5351 Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE California Mo DATE Mar 3 1938

19. FUNERAL DIRECTOR C. R. Lupton & Sons.
(ADDRESS) 4449 Olive, St. Louis, Mo.

20. YEAR 1938
J. P. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 28, 1938

22. I HEREBY CERTIFY. That I attended deceased from November 17, 1938, to February 28, 1938.
I last saw him alive on February 27, 1938. Death is said to have occurred on the date stated above, at 6:20 A. M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 10 days

Hypertension 2 yrs.

Name of operation Date of
What test confirmed diagnosis? Phy. Rx. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Tolon Lupton, M. D.
(Address) 508 1/2 Grand Blvd.

STATEMENT BY LICENSED EMBALMER

I, C. R. Lupton, Licensed Embalmer No. 2123
hereby certify that the body recorded on the reverse side of this certificate was embalmed by D. E. Morris
L. E.
No. 2360 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

C. R. Lupton

Licensed Embalmer No. 2123

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.)