

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED JUN 15 1942 791

STANDARD CERTIFICATE OF DEATH

State File No. 4782

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 9422 Edmund blv
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Ernest Wilbur Hunsford

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M Color or race W

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife ELLEN

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 18 1883
(Month) (Day) (Year)

8. AGE:

Years 59 Months 0 Days 12 If less than one day hr. min.

9. Birthplace Madison Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Head miner retired

11. Industry or business

12. Name Branville Hunsford

13. Birthplace Madison Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Higgins

15. Birthplace Farmington Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Williams

(b) Address 9422 Edmund blv Overland

17. (a) Burial (b) Date thereof 6-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington Mo.

18. (a) Signature of funeral director J. J. ...

(b) Address 504 Woodson Rd - Overland, Mo

19. (a) 1942 (b) J. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1942 hour 6 minute 35 A. M.

21. I hereby certify that I attended the deceased from May 21, 1942, to May 30, 1942

that I last saw h. v. m. alive on May 30, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion Duration

Due to Carcinomatosis H/O

Due to Carcinoma of Stomach.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Stomach.

Of autopsy

PHYSICIAN

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 J. J. ... (M. D. or other)

Address BARNES HOSPITAL Date signed 5/30/42

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

50
17

M W
ETLEN

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 Gustave R. Baunman
Licensed Embalmer No. 2315
P. O. Address Overland, Mo.

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.