

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39302**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 2707			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Lemay)		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY OR TOWN Lemay 23 Mo		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 700 Largo				e. STREET ADDRESS (If rural, give location) 700 Largo					
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth			b. (Middle)		c. (Last) Hunt		4. DATE OF DEATH (Month) (Day) (Year) Nov 17 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify) Widow		8. DATE OF BIRTH April 17 1868		9. AGE (In years last birthday) 87 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 6 HRS.: 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 At home		11. BIRTHPLACE (City and State or Foreign Country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Francis M. McClenahan			13b. MOTHER'S MAIDEN NAME Lucia Anderson			14. NAME OF HUSBAND OR WIFE James (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Gertrude Brown		ADDRESS 700 Largo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiac Vascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X 4500						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from 1/3 , 19 52 , to 11/17 , 19 55 , that I last saw the deceased alive on 11/17 , 19 55 , and that death occurred at 12:15 Am. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Mitchel L. Barbour M.D.				23b. ADDRESS 7615 So Broadway			23c. DATE SIGNED 11/17/55		
24a. BUREAU, CREMA-TORIAL HOME		24b. DATE 11/19/55		24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cem		24d. LOCATION (City, town, or county) (State) St. Louis Mo			
DATE REC'D BY LOCAL REG. 11-18-55		REGISTRAR'S SIGNATURE Herbert R. Dombard			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec				

(Licensed Embalmer's Statement on Reverse Side)

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

DN BARTNICK FL 2-3706
7629AS Broadway
7615

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.....
Jack Haupt

Licensed Embalmer No. 47

P. O. Address *St Louis*

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.