

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 hrs
2 mo (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. 2712 Pasteur
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NORA HUNT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Morris 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 7th 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 23 If less than one day hr. min.

9. Birthplace St Genevieve County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Albert Triplett

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

14. Maiden name Julia Lunsford

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

16. (a) Informant Edna Kerwin

(b) Address Overland Mo.

17. (a) Burial (b) Date thereof 10-2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Missouri

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address 4104 Manchester

19. (a) OCT 4 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1948 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from 28 1948 to 9:30 48

that I last saw her alive on 9-28-48 and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated Hernia Duration 2 1/2 hrs

Due to Part of hernia following previous op.

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Strangulated
Of operations See approval Hernia

Of autopsy None

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) (c) Means of injury _____

23. Signature J. F. Bredeck (M.D. or Other) _____

Address 508 No Grand Date signed 10-1-48

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

MOTHER FATHER

8620

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. Allen Rainey
Licensed Embalmer No. 4053
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 this body is not embalmed, fact should be so stated above.