

FILED FEB 24 1942
Registration District No. 291

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7104 Emilie Ave.
(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)

3. (a) PRINT FULL NAME..... **Lubisa Hunsaker**

3. (b) If veteran, name war..... **No.** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife..... **Joseph** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Dec. 14 1855**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 1 10 hr. min.

9. Birthplace **Murphyshoro Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name..... **Unknown**
13. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Unknown**
15. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Grace Johnson**
(b) Address **7104 Emilie Ave.**
17. (a) **Removal** (b) Date thereof **1-25-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cobden, Ill.**
18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**

19. (a) **JAN 26 1942** (b) **J. J. Breck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Union**
(c) City or town..... **Cobden**
(If outside city or town limits, write "RURAL")
(d) Street No. **2**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** Day **24** Year **1942**
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
that I last saw her alive on **Jan 23** 1942
and that death occurred on the date and hour stated above.
Immediate cause of death.....
Duration.....

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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.....
Address..... Date signed.....

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.....

Licensed Embalmer No.....

P. O. Address.....

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.