

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

Do not use this space.

2367

1. PLACE OF DEATH

County St. Louis Registration District No. 785 File No. _____
 Township Boonville Primary Registration District No. 6031 Registered No. 13
 City Des Peres (No. York with Lane & Dougherty Ferry Roads) Ward _____

2. FULL NAME

Frederic Buntz
 (a) Residence. No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lottie Buntz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
45 1 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chauffeur
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

10. NAME OF FATHER George Buntz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Lottie Davis (Address) 1605 Franklin

15. FILED 1/10 1928 C. P. Barnett, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 6 1928

17. I HEREBY CERTIFY, That I attended deceased from July 10 1927 to Jan. 6 1928 that I last saw him alive on Jan. 4 1928 and that death occurred, on the date stated above, at Jan. 6 - 8 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Carcinoma of the Larynx

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Miascospia

(Signed) M. D. Jennings, M. D. M. D.

Jan. 7 1928 (Address) 4101 Washington Blvd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cabany DATE OF BURIAL 1-9 1928

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

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.

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