

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

Do not use this space.

25716

1. PLACE OF DEATH

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No. **7534**

City, St Louis Mo. (No. St Louis Children's Hospital Ward)

2. FULL NAME

George Buncher

(a) Residence. No. 4228 Block St. 10 Ward. (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 Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-22-27

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 | 4 | 29 |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Fred Buncher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
(STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Elizabeth Wildhaber

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boonville
(STATE OR COUNTRY) Mo.

14. INFORMANT L. Ketting
(Address) 500 S. Kings Highway

15. FILED 22 1928
REGISTRAR Ray C. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-21-1928

17. I HEREBY CERTIFY That I attended deceased from 7-21-1928 to 7-21-1928 that I last saw him alive on 7-21-1928, and that death occurred, on the date stated above, at 9:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarngitis acuta non-diphtheritic
105B.

CONTRIBUTORY (SECONDARY) 9813

18. WHERE WAS DISEASE CONTRACTED Home
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? Culture + Smear

(Signed) A. G. Edwards, M. D.

(Address) 500 S. Kings Highway

*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 Calvary Cem DATE OF BURIAL 7/23 1928

20. UNDERTAKER W. A. Stock ADDRESS 2117 E Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

