

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

Do not use this space.

24568

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 7003

City St Louis Mo No. 500 S Kingshighway

File No.....

Registered No. 6725

St..... Ward)

2. FULL NAME

Baley Bunker

(a) Residence. No. 630 S Kingshighway Ward 12

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

7-9-30

7. AGE

YEARS

MONTHS

DAYS

If LESS than-1 day, 5 hrs. or 25 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

child

(b) General nature of industry, business, or establishment in which employed (or employer)

child

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St Louis

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Henry Bunker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Chesin

(STATE OR COUNTRY)

Illinois

12. MAIDEN NAME OF MOTHER

Jenetta Magruder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Elsbey

(STATE OR COUNTRY)

Mo.

14.

INFORMANT (Address)

Henry Bunker
3913 1/2 McRae Ave

15.

JUL 12 1930 FILED

W. C. Starkley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

7/9 1930

17.

I HEREBY CERTIFY, That I attended deceased from 2:10 P.M. 7/9, 1930, to 7:10, 1930 that I last saw him alive on 7/10, 1930 and that death occurred, on the date stated above, at 2:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity
1.59

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY)

Twin

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Routine

(Signed) John B. O'Neil, M. D.

, 19 (Address) 630 S Kingshighway

*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

DATE OF BURIAL

St Peters leve

7-13-1930

20. UNDERTAKER

ADDRESS

Provost Laid Co 3710 N Grand

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.

