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

Do not use this space.

8279

791

1003

File No.

Registered No. 2672

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St Louis, (No. City Hospital St. Ward)

2. FULL NAME George J. Bunte

(a) Residence. No. 1803 Benton St., 26 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 11th 1868.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	62	5	16.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shipping Clerk 314
(b) General nature of industry, business, or establishment in which employed (or employer) Campbell Iron Co
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Anthony Bunte

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

12. MAIDEN NAME OF MOTHER Elizabeth Hoffman

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

14. INFORMANT Mrs Ina Bunte
(Address) 1803 Benton St.

15. FILED FEB 28, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 27 1931

17. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance, 19, to, 19, that I last saw h alive on, 19, and that death occurred, on the date stated above, at 4:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy (Non Traumatic)

82A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 82A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF 7

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Kerner, M.D.

2/28, 1931 (Address) Dep. Corner

*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

DATE OF BURIAL Mch 2nd 1931

20. UNDERTAKER Aug Brockland L&U Co

ADDRESS 1421 N. 9th St

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.