

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.

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

Do not use this space.

36138

1. PLACE OF DEATH

County..... Registration District No. 79  
Township..... Primary Registration District No. 100  
City St. Louis Mo., No. 2756 A Chouteau Av, St. .... Ward)

File No. ....  
Registered No. 10663

2. FULL NAME

Anna Buneta  
(a) Residence, No. 2756 A Chouteau Av, 22 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF <u>John Buneta</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 22 - 1897</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>7</u>
	DAYS <u>27</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "	
	10. Date deceased last worked at this occupation (month and year) <u>Feb 1931</u>	11. Total time (years) spent in this occupation <u>20 yrs</u>

12. BIRTHPLACE (CITY OR TOWN)..... Austria  
(STATE OR COUNTRY)

FATHER 13. NAME John Koran

14. BIRTHPLACE (CITY OR TOWN)..... Austria  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Katie Unknown

16. BIRTHPLACE (CITY OR TOWN)..... Austria  
(STATE OR COUNTRY)

17. INFORMANT Mr John Buneta  
(ADDRESS) 27 56 A Chouteau Av

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul C. DATE Oct 22 1931

19. UNDERTAKER E. J. Schurr  
(ADDRESS) 31 25 Lafayette Av

20. FILED 51 20 1931 Max C. Starkoff  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 19 1931

22. I HEREBY CERTIFY, That I attended deceased from July 2 1931 to Oct 19 1931  
I last saw h. a. alive on 18 Oct 1931 Death is said to have occurred on the date stated above, at 5A, m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
73 A 77 S  
Other contributory causes of importance: Calculus

Name of operation..... Date of.....

What test confirmed diagnosis? Lab. + Chest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Edward H. Stauffer, M. D.  
(Address) 1439 Chouteau

