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.

JUN 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 18273

Township ..... Primary Registration District No. 1003 Registered No. 4746

City St. Louis. (No. 2810 Ohio Avenue. St. ..... Ward)

2. FULL NAME Mary Bunz

(a) Residence, No. 2810 Ohio Ave. St., 24 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 8, 1877.

7. AGE: YEARS 56 | MONTHS 5 | DAYS -- | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

FATHER

13. NAME: Dont Know.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

MOTHER

15. MAIDEN NAME: Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

17. INFORMANT (ADDRESS): Joseph W. Bunz 2810 Ohio Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New SS. Peter & Paul DATE May 11, 1934.

19. UNDERTAKER (ADDRESS): J. H. Gebken L & U Co. 2842 Meramec St.

20. FILED MAY 10 1934 19 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1934, to May 8, 1934
I last saw her alive on May 7, 1934. Death is said to have occurred on the date stated above, at 12 30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
11A	3 days
10A	
10½A	

Other contributory causes of importance:

La Grippe	9
Acute Bronchitis	9

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) 3014 S. Jefferson