. No. 2
—4-13-40
5-17-39
I X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

State File No. 40740

Registration District No. 791 Primary Registration District No. Registrar's No. 10511

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5234 Cabanne Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 50 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 5234 Cabanne Ave. 12
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Katherine G. Bunch.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow.

6. (b) Name of husband or wife Harrison K. Bunch.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 16. (Day) 1858 (Year)

8. AGE: Years 82 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Montreal, Canada. 2
(City, town, or county) (State or foreign country)

10. Usual occupation At Home. 2

11. Industry or business 2

MOTHER FATHER
12. Name Edward Handley.
13. Birthplace Canada.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sallie Unknown
15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Harry E. Bunch.
(b) Address 5234 Cabanne Ave.

17. (a) Burial. (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd

19. (a) DEC 22 1940 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21st.
year 1940 hour 3 minute 45 A M.

21. I hereby certify that I attended the deceased from July 11 1921, 19 , to Dec 20, 1940
that I last saw her alive on Dec 20, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Degenerative myocarditis	10 p
Due to: Senility	
Due to: duodenal ulcer	20 p
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature L R Finnegan (M. D. or other) M D
Address Humboldt Bldg Date signed 12/2/40

(Licensed Embalmer's Statement on Reverse Side)

Thomas Jones
539 N Grand
3 Ch

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.