

3993

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 15 1943 18
Registration District No. 18

Primary Registration District No. 1003

Registrar's No.

2039

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:
4125W Lee
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community Life Time
 years, months or days) (Specify whether)

3. (a) PRINTED FULL NAME Henry G. Bunning3. (b) If veteran,
name war3. (c) Social Security
No.4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife Josephine Siedl Bunning 6. (c) Age of husband or wife if
alive 66 years7. Birth date of deceased Aug. 26 1876
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 6 15 hr. min.9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Printer

11. Industry or business

12. Name Unknown13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Josephine Bunning(b) Address 4125W. Lee17. (a) Burial (b) Date thereof March 3, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Stroot Carroll(b) Address 4600 Natural Bridge19. (a) MAR 2 1943 J. F. Baerck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4125W Lee
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1943 hour 8 minute 30 P. M.21. I hereby certify that I attended the deceased from February 23
1943, to February 27, 1943,
that I last saw him alive on February 27, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death

Diabetic gangrene of left leg 3 days
 Due to Diabetes mellitus } 6 mos.
General arteriosclerosis
 Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?

While at work?..... (Specify type of place)
(e) Means of injury.....23. Signature Arthur S. ... (M.D. or other) M.D.Address 2202 University Date signed 3/1/43

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 *Sheldene Collier*

Licensed Embalmer No. *3382*

P. O. Address.....

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

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