

FILED JAN 20 1944 318

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3502 Cora
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME Lena Bunselmeier

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles Bunselmeier 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 2 (Month) 4 (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>2</u>	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Wm. Burmeister
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Dittmann
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Bunselmeier

(b) Address 3502 Cora

17. (a) Burial (b) Date thereof 1-8-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C. Hoffmeister Colonial
6464 Chippewa, St. Louis, Mo

(b) Address.....
 19. (a) JAN 7 1944 J. F. Brubaker
(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. 3502 Cora
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6
 year 1944 hour 2 minute 30 AM.

21. I hereby certify that I attended the deceased from Jan 1, 1944 to Jan 6, 1944
 that I last saw him alive on Jan 6, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myo carditis
Fibrillation
 Due to Myocardium
Atherosclerosis

Duration
2 years
2 years
2 years

Other conditions none
(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) no
 (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?

Mortuary.....
(Specify type of place) (e) Means of injury

23. Signature John D. [Signature] (M. D. or other) MD
 Address 2767 [Address] Date signed 1-6-44

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

Dr Sertl

1902 R 100

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.....

Linus C. Hoffmeister

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

working under my personal supervision.

Signed *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.