

FILED NOV 15 1944

9458

Registration District No.

318

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4957 Palm St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. 1003 (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4957 Palm St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Rue Ann Bunting

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife John Bunting (c) Age of husband or wife if alive..... years

7. Birth date of deceased. April 24th, 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 6 13 hr. min.

9. Birthplace Hardin, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name James Nairn
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Susan Barker
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Martin
(b) Address 4957 Palm St.

17. (a) Removal (b) Date thereof. 11/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Batchtown, Ill.

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 N. Kingshighway

19. (a) NOV 8 1944 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th
year 1944 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-1-44 to 11-6-44
that I last saw her alive on 11-6-44 and that death occurred on the date and hour stated above.

Immediate cause of death Chy. Myocarditis
Infantilis of age
Due to 93d

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) (c) Means of injury
23. Signature J. A. Lunscht (M. D. or other) M.D.
Address 4855 Natural Ridge Date signed 11-7-44

Duration

PHYSICIAN

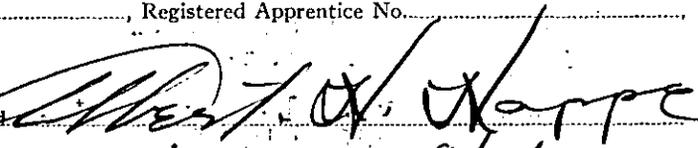
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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: 
Licensed Embalmer No. 1861

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.