

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

35421

State File No.

Registrar's No.

10514

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 days
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4919 Natural Bridge Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Mary E. Hunstein

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife John Henry Hunstein
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 25, 1875.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 7 hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER
12. Name Jacob Buchart
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Susan Nunn
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Melba Murty
(b) Address 323 Tower Grove Dr., Normandy, Mo.
17. (a) Burial (b) Date thereof Dec. 5, 1945.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) DEC 4 1945 (b) J. P. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd,
year 1945 hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from 11-29-45
1945, to Dec-2-1945, 1945;
that I last saw her alive on Dec-1- (at 6 P.M.), 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 5 days
Respiratory infection
Due to Respiratory infection
Due to

Other conditions Diabetes Mellitus & Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings: no operation PHYSICIAN
Of operations no autopsy
Of autopsy no autopsy
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?

23. Signature O. O. Smith M.D. (M. D.)
Address 536 N. Taylor Ave. St. Louis Date signed 12/3/45

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

536 N. Garland
11-12

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 John A. Milner
Licensed Embalmer No. 4186
P. O. Address St. Louis Mo

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.