

FILED MAY 27 1946
318

Primary Registration District No. 1003

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:
5346 Zealand Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County STL
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5346 Zealand Str.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frederick J. Buncher

3. (b) If veteran, name war World War 1 3. (c) Social Security No. 493-10-9936

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth M. Buncher 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased April 26, 1896
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 16 If less than one day
hr. _____ min. _____

9. Birthplace New York City, N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Street Car Operator

11. Industry or business Public Service

MOTHER FATHER { 12. Name John Buncher
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Gannon
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth M. Buncher

(b) Address 5346 Zealand Str.

17. (a) Burial (b) Date thereof 5/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) MAY 13 1946 J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1946 hour 11 minute 14 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Coronary Atherosclerosis
Due to 94 W
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 _____ (c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 5/13/46

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

17119

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

Frank A. Moore

Licensed Embalmer No.

3041

P. O. Address

2117 E. Grand

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.