V. S. No. 2
00M—5-43
Rev. 5-17-39
Form I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28507

FILED AUG 20 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6887

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 6284 So Garrison ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis 1817
(If outside city or town limits, write "RURAL")

(d) Street No. 6284 So. Garrison 9
(If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Amanda Tyler Bunting

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

4. Sex Female 2 | 5. Color or race Col | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife David Bunting 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb (Month) 9 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
72	5	22	hr. min.

9. Birthplace Fenridge (City, town, or county) Mo (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Albert Hill
13. Birthplace Miss (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Rodgers
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Laura Comelison
(b) Address 516 So Jefferson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Bellerwood Cem

18. (a) Signature of funeral director F. C. Feller
(b) Address 2915 Franklin ave

19. (a) AUG 7 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1946 hour 9 minute 25 P.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 Cardiac failure
Due to Uremia when clinical signs of Cerebral hemorrhage were drawn at high salt speed by our Physician Dr Lyon call at
Due to the urology for 7 Garrison and Market St. Crawl. 9. 25
Other conditions P.M. July 31 1946
(Include pregnancy within 3 months of death)

Major findings:
Of operations N/A
Of autopsy

Duration

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) Cerebral Apoplexy
(b) Date of occurrence July 31 1946 0000
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? No (e) Means of injury See above

23. Signature Alfred Perry (M. D. or other) 3
Address Dispatch Corn Date signed 8/7/46

(Licensed Embalmer's Statement on Reverse Side)

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

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 L. A. Green

Licensed Embalmer No 2963

P. O. Address 2915 Franklin

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.