

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2299  
Registrar's No. 393

FILED JAN 27 1947 231

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri.  
(b) City or town St. Louis, Missouri.  
(c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff  
(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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 005  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 1822 Hickory Street, (If rural, give location) Memorial 72  
(e) Citizen of foreign country?..... (Yes or No) 90  
If yes, name country.....

3. (a) PRINT FULL NAME LEROY BUNCH  
3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased May 11 1946  
(Month) (Day) (Year)

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

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

11. Industry or business.....  
12. Name Buck Bunch  
13. Birthplace Iron County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mildred Bates  
15. Birthplace Iron County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Bunch  
(b) Address 1822 Hickory Street.  
17. (a) Burial (b) Date thereof 1/13/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iron Mountain, Missouri  
18. (a) Signature of funeral director Albert H. Hoppe, Inc.  
(b) Address 4700 Washington Blvd.

19. (a) JAN 13 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 11th  
year 1947 hour 8:50 minute A. M.

21. I hereby certify that I attended the deceased from 11/11/46  
19..... to 1/11/47, 19.....  
that I last saw h. in alive on 1/11/47, 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of the lungs Duration 2 mo.  
Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death) 13

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?..... (e) Means of injury.....  
23. Signature D. J. Mawro 1515 Lafayette 1/11/47 or other) 0  
Address Date signed 1-11-47

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

MOTHER FATHER

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**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.....

*J. Allen Davis*

Licensed Embalmer No. *4050*

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.**