

S. No. 2
 1-12-45
 5-17-39
 P. 1 X47079

FILED FEB 24 1947

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1544**

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: **De Paul Hospital 0**
(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)

3. (a) PRINT FULL NAME **Thomas Bunting**
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** **White** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, **divorced**
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **Nov. 27 1882**
(Month) (Day) (Year)

8. AGE: **64** Years **2** Months **15** Days If less than one day
hr. min.

9. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Boiler Maker**

11. Industry or business.....
 12. Name **Edward Bunting**
 13. Birthplace **Penn.**
 14. Maiden name **Elizabeth Cooper**
 15. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Johnson**
 (b) Address **4576 Clarence Ave**
 17. (a) Burial **Calvary Cemetery** (b) Date thereof **2/15/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Sullivan Funeral Dir**

18. (a) Signature of funeral director **J. F. Bredek**
 (b) Address **2849 North Euclid Ave.**
 19. (a) **FEB 14 1947** (b) **J. F. Bredek**
(Date recorded by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County.....
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **I636 North 18th. St.**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb.** day **12th.**
 year **1947** hour **2.50** minute **P. M.**
 21. I hereby certify that I attended the deceased from **3/5/9** 1945 to **2/12** 1947
 that I last saw him alive on **2/12** 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhage	
Due to Carcinoma of lower lip with metastases	
Due to.....	
Other conditions..... <small>(Include pregnancy within 3 months of death)</small>	
Major findings: Of operations..... As above	
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?.....

23. Signature **George A. Carroll** (M. D. or other) **0**
 Address **607 North 15th** Date signed **2/12/47**
(Specify type of place) (e) Means of injury

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

D. George Carroll
University Club Bldg. JE. 9588

1/2/54

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.

Signature *Robert L. Benkman*
Licensed Embalmer No. *3603*
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.