No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25296

FILED AUG 8 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7185

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1402 Semple Avenue. 9
(If rural, give location) 6 0

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

If yes, name country

3. (a) PRINT FULL NAME Gus Bastunas

3. (b) If veteran, name war None

3. (c) Social Security No. 497-18-3393

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Bastunas

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased November (Month) 14 (Day) 1891 (Year)

8. AGE: Years 55 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Greece 6 (State or foreign country)

10. Usual occupation Retired Barber

11. Industry or business

MOTHER FATHER

12. Name William Bastunas 1

13. Birthplace Unknown (City, town, or county) Greece 6 (State or foreign country)

14. Maiden name Unknown 1

15. Birthplace Unknown (City, town, or county) Greece 6 (State or foreign country)

16. (a) Informant William Bastunas

(b) Address 1402 Semple Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/47 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) AUG 1 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1947 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw b... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound of Skull and Brain Left unconscious in bagement for home July 31st 1947 About 11:30 AM C

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 104

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence July 31 1947

(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? Home (Specify type of place)

While at work? no (e) Means of injury See above 3

23. Signature Dr. Alfred J. Carey (M. D. or other) D.D.S.

Address Dry Carondelet Date signed 8/1/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.