No. 2
-1/47
-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. 35558

FILED OCT 24 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9614

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: Lutheran Hospital (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: Mo. (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 3200 St Vincent Ave (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 17
If yes, name country .....

3. (a) PRINT FULL NAME: Marie Bundstein
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Fe.
5. Color or race: W.
6. (a) ~~Single, widowed~~, married, divorced: M
6. (b) Name of husband or wife: Henry W. Bundstein
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) 24 (Day) 1875 (Year)

8. AGE: Years 72 Months 6 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: Own
FATHER:
12. Name: William Becker
13. Birthplace: ? (City, town, or county) Unk (State or foreign country)
MOTHER:
14. Maiden name: Emilie Vollmer
15. Birthplace: ? (City, town, or county) Unk (State or foreign country)
16. (a) Informant: Mrs Henry W. Bundstein
(b) Address: 3200 St Vincent Av
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 17-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: New St. Marcus
18. (a) Signature of funeral director: E. J. Schnur
(b) Address: 2425 Lafayette Av.
19. (a) OCT 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 15 year 1947 hour 12 minute 07 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: Fracture of Hip
Due to: fall @ home
Due to: .....
Other conditions: Cardiac failure
(Include pregnancy within 3 months of death)
Major findings: 10/47 h
Of operations: Early
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): Accident
(b) Date of occurrence: July 15 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? .....
(e) Means of injury: Fall
23. Signature: Am Lendy (M. D. or other) O
Address: 3720 Wash Av Date signed 10-15-47

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 Jos. B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Av

**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.