No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2336

FILED JAN 30 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 612

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 48 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

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

(d) Street No. 3418 Lucas 9
21 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Rubin Bundy

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 1 (Month) 10 (Day) 1883 (Year)

8. AGE: Years 65 Months 0 Days 9 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name Rueben Bundy
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Matinda
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Harrison Bundy
(b) Address 3418 Lucas Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Benjamin Love
(b) Address 3103 Washington

19. (a) JAN 21 1948 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
year 1948 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan. 17, 1948 to Jan. 19, 1948
that I last saw him alive on Jan 19, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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)

(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 0

23. Signature Oscar L Daniels (M. D. or other)
Address 3601 No Whittier Date signed 1/20/48

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

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.