

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 8 days (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Crystal City
(If outside city or town limits, write "RURAL") 50
(d) Street No. 8th Street
N.R. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1948 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from June
25, 1948 to July 3, 1948
that I last saw her alive on July 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary occlusion with
myocardial infarction 2 wks
Duration _____

Due to _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death)
9th

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?

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Bernard Kraus (M. D. or other) M.D.
Address 3701 Grand 59 Date signed 7-6-48

3. (a) PRINT FULL NAME

Anna Bunta

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: October 19, 1897
(Month) (Day) (Year)

8. AGE:

Years 50 Months 8 Days 14
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business own home

12. Name John Durek

13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Bunta

(b) Address Crystal City, Mo.

17. (a) Burial (b) Date thereof July 7, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo.

18. (a) Signature of funeral director Robert R. Felice

(b) Address Crystal City, Mo.

19. (a) Jul 6 1948 (b) J. F. Bredek
(Date received local report) (Registrar's signature)

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

MOTHER FATHER

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

Gentry R. Tolie

Licensed Embalmer No.

3481

P. O. Address

Crystal City, D.C.

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.