

FILED APR 15 1949

STANDARD CERTIFICATE OF DEATH

State File No. 9865
 Registrar's No. 2952

BIRTH NO. 31935-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PINE LAWN 960	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3742 MANOLA AVE 10	
d. FULL NAME OF HOSPITAL OR INSTITUTION ENROUTE TO ST. LOUIS CHILDRENS HOSPITAL		d. STREET ADDRESS (If rural, give location) 3742 MANOLA AVE	

3. NAME OF DECEASED (Type or Print) MARY			4. DATE OF DEATH (Month) (Day) (Year) MARCH 30 1949		
a. (First)	b. (Middle)	c. (Last) BUNTEN	a. (First)	b. (Middle)	c. (Last)
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MARCH 29, 1949	9. AGE (In years last birthday) 0 1	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI	

13a. FATHER'S NAME FRANK BUNTEN		13b. MOTHER'S MAIDEN NAME HELEN BENNETT		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRANK BUNTEN 3742 MANOLA AVE	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) suffocation, cause and manner of same could not be determined		DUE TO (b) open Verdict			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) open Verdict			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30^{PM} m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E Taylor Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3-31-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/1/49		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI	

DATE REC'D BY LOCAL REG. MAR 31 1949		REGISTER'S SIGNATURE J B Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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.....

Not Embalmed -

Student Embalmer No.

working under my personal supervision.

Signed.....

Raymond J. Street

Licensed Embalmer No.

Signed.....

Student Embalmer

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.