

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24659

FILED AUG 5 1949

318

1003

State File No.

6674

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) Saint Louis				c. LENGTH OF STAY (in this place) 10 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis			
3. NAME OF DECEASED (Type or Print) Elizabeth Bunn				d. STREET ADDRESS (If rural, give location) 4606 1/2 Delmar Blvd.			
a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
Elizabeth		Bunn		Bunn		July 29 1949	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 11, 1912	
9. AGE (In years last birthday) 36		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Okolona Arkansas /	
12. CITIZEN OF WHAT COUNTRY? U.S.				13a. FATHER'S NAME Dickson		13b. MOTHER'S MAIDEN NAME Hattie McCarthy	
14. NAME OF HUSBAND OR WIFE Novie Bunn				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Novie Bunn				ADDRESS 4606 1/2 Delmar Blvd.			
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) Carcinoma of the Lungs		II. OTHER SIGNIFICANT CONDITIONS None				Undet.	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Undetermined	
DUE TO (c) --							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		4700	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X			
22. I hereby certify that I attended the deceased from 6-13, 1949, to 7-29, 1949, that I last saw the deceased alive on 7-29, 1949, and that death occurred at 9:28 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Edw. C. Williams Jr.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 7-30-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/3/1949		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
DATE REC'D BY LOCAL REG. AUG 1 1949		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates 4107 Finney Ave.			

WRITE PLAINLY—USING UNFADING 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 _____

....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Thomas J. Estes

Licensed Embalmer No. 4259

P. O. Address 4107 J

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.