

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6054
1233

318

1003

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) a. STATE <u>Mo.</u> b. COUNTY _____				
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>9 yrs</u>	c. CITY OR TOWN <u>St. Louis</u>		2109		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4608^a GREER</u>			d. STREET ADDRESS (If rural, give location) <u>10 4608^a GREER</u>				
3. NAME OF DECEASED (Type or Print) <u>MATT.</u>		a. (First)	b. (Middle)	c. (Last) <u>BUNNING</u>		4. DATE OF DEATH <u>FEB. 16, 1950</u>	
5. SEX <u>U</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN. 17, 1933</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Moulder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>HERMAN BUNNING</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA SAEFFER</u>		14. NAME OF HUSBAND OR WIFE <u>JENNIE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-22-9985</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frances Bunning</u> ADDRESS <u>4608^a Greer Ave.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal-vascular disease</u>					
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Endocarditis</u></p> <p>DUE TO (c) <u>Myocarditis</u></p>					
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"/>	
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) <u>HI. 42 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>197</u> , to <u>Feb</u> , 1950, that I last saw the deceased alive on <u>Feb</u> , 1950, and that death occurred at <u>1:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William O. Mowley</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>3625 Fair One</u>			23c. DATE SIGNED <u>2/7/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-1-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) <u>St. Louis</u> (State) <u>MO.</u>		
DATE REC'D BY LOCAL REG. <u>FEB 7 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Kestel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CYRIL KOLBE</u> ADDRESS <u>4386 Lindbergh</u>			

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

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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 Ronald O Yahube

Licensed Embalmer No. 3917

P. O. Address St Louis

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.