

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34636

BIRTH NO. 71.2.31-50		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7534									
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY St Louis							
b. CITY (If outside corporate limits, write RURAL and give town) St Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Jennings 4130		d. STREET ADDRESS (If rural, give location) 6357 Albertine									
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Memorial Hosp															
3. NAME OF DECEASED (Type or Print) a. (First) Francis			b. (Middle) Stephen			c. (Last) Bunton			4. DATE OF DEATH (Month) (Day) (Year) 8 29 50						
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 8-28-50		9. AGE (in years last birthday) 16		IF UNDER 1 YEAR Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jennings, Mo.			12. CITIZEN OF WHAT COUNTRY?						
13a. FATHER'S NAME Frank Bunton				13b. MOTHER'S MAIDEN NAME Helen Bennett				13c. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Helen Bunton 6357 Albertine									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>prevalent birth</u>						INTERVAL BETWEEN ONSET AND DEATH 1 day							
*This does not mean the mode of dying, such as heart failure, asthenia, 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) _____ DUE TO (c) _____						TWIN							
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)											
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? 774X											
22. I hereby certify that I attended the deceased from 8-28-1950, to 8-29-1950, that I last saw the deceased alive on Aug. 29, 1950, and that death occurred at 11:30A m., from the causes and on the date stated above.															
23a. SIGNATURE Clyde B. Kern M.D.				(Degree or title)				23b. ADDRESS 706 Walton				23c. DATE SIGNED 9-5-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9/5/50		24c. NAME OF CEMETERY OR CREMATORY CALVARY				24d. LOCATION (City, town, or county) (State) St. Louis MO							
DATE REC'D BY LOCAL REG. SEP 5 1950		REGISTRAR'S SIGNATURE J. B. Jester				25. FUNERAL DIRECTOR'S SIGNATURE Street - Carroll 4600 Nath. Budge						ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*Not EMBALMED*

Student Embalmer No: \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Bert Hoffman* \_\_\_\_\_

Licensed Embalmer No. *4366* \_\_\_\_\_

P. O. Address *St. Louis Mo* \_\_\_\_\_

**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.