

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169
d. STREET ADDRESS (If rural, give location) 16 4209 Connecticut Ave. 0

3. NAME OF DECEASED
a. (First) ERNEST
b. (Middle) J.
c. (Last) BUNT

4. DATE OF DEATH Mar. 9, 1952

5. SEX M.
6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 12, 1867

9. AGE (In years last birthday) 84
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Buyer

10b. KIND OF BUSINESS OR INDUSTRY Drygoods

11. BIRTHPLACE (State or foreign country) Bodmin, England 4

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Bunt

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Sarah Bunt

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 Sarah Bunt, 4209 Connecticut

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage esophageal
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cordis
DUE TO (c) vascular renal disease
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 48 hrs
Yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? H42X

22. I hereby certify that I attended the deceased from 1950 to 3/9, 1952, that I last saw the deceased alive on 3/9, 1952 and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. Michael M.D. (Degree or title)

23b. ADDRESS 812 Olive St. Louis

23c. DATE SIGNED 3/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 12, 1952

24c. NAME OF CEMETERY OR CREMATORY Vallhalla Cem.

24d. LOCATION (City, town, or county) (State) St. Louis Missouri

DATE REC'D BY LOCAL REG. MAR 10 1952 REGISTRAR'S SIGNATURE Carl Smith M.D. njs.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons, Inc. 6175 Delmar Blvd.

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

Dr. Vernon Micheal
812 Olive
Ga. 4004

Until 3

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Jos. E. McCulloch*.....

Licensed Embalmer No. *2460*.....

P. O. Address *6170 Pellmar*.....

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.