

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

543 State File No. 40974

No. 300  
10-48

FILED DEC 2 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2773

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jennings</b>		c. LENGTH OF STAY (in this place) <b>5 Weeks</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2079
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Elms Nursing Home-2520 McLaren</b>			d. STREET ADDRESS (If rural, give location) <b>4926 Ashby Ave.</b>		
3. NAME OF DECEASED a. (First) <b>ANNA</b>		b. (Middle) <b>---</b>	c. (Last) <b>BUNDLE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 26, 1952.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 26, 1875</b>	9. AGE (in years last birthday) <b>77</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At-home</b>	11. BIRTHPLACE (State or foreign country) <b>Austria</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Bundle</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Elsie Threlkeld</b>	ADDRESS <b>6949 Leedale Ave.</b>		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio-sclerotic Heartd</b>				10 yrs.
	DUE TO (c) <b>4200</b>				
	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 checked="" 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) m.	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 <b>10-24, 1952</b> to <b>10-26, 1952</b> that I last saw the deceased alive on <b>10-26, 1952</b> , and that death occurred at <b>5:00 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>R. H. Weaver, M.D.</b>		23b. ADDRESS <b>40 N. Flourant, Ferguson</b>		23c. DATE SIGNED <b>10-27-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10/29/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>10-29-52</b>	REGISTRAR'S SIGNATURE <b>Hester R. Danks, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTZ, 4828 NATURAL BRIDGE BLVD.</b>		

P.T. (Licenses, Exemptions, Statement on Reverse Side)

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

230 x 300  
M

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 \_\_\_\_\_

*Ralph C. Linders*

Licensed Embalmer No. *4275*

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.