

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35197

State File No.

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

9353

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St Louis		c. LENGTH OF STAY (in this place) township)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1931a S 12th Street 23			d. STREET ADDRESS (If rural, give location) 1931a S 12th Street 2209/1		
3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle)			c. (Last) Bunning		4. DATE OF DEATH (Month) (Day) (Year) Oct 13 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 14 1890	9. AGE (In years last birthday) 64	# UNDER 1 YEAR Months Days # UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) East St Louis Ill		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Thomas Cauley		13b. MOTHER'S MAIDEN NAME Mary Casinovan		14. NAME OF HUSBAND OR WIFE Daniel (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME John Nockenhorst 1931a S 12th St		
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) <u>chronic myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH 3 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Regurgitation</u> 39 years DUE TO (c) <u>Bronchial asthma</u> ?????? II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 24/x		
22. I hereby certify that I attended the deceased from <u>1/18</u> , 19 <u>52</u> , to <u>10/13</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10/12</u> , 19 <u>54</u> , and that death occurred at <u>4</u> A. M., from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm Deuts. M.D.</u> (Degree or title)			23b. ADDRESS <u>3450 grandview</u>		23c. DATE SIGNED <u>10/13/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/16/54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Missouri	
DATE REC'D BY LOCAL REG. OCT 15 1954		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G.P.</u> ADDRESS Moydell Funeral Home 1926 Allen Av (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St. Louis 4

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.