

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14490

State File No. ....

FILED APR 27 1956

318

1003

3386

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 Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Florissant 4051		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge				e. STREET ADDRESS (If rural, give location) 18 St. Genevieve St.			
3. NAME OF DECEASED (Type or Print) a. (First) STEPHENS		b. (Middle) M.		c. (Last) BUNTEN		4. DATE OF DEATH (Month) 4 (Day) 3 (Year) 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9-1-1885	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours	
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retailer		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Herman Bunten		13b. MOTHER'S MAIDEN NAME Catherine Swenker		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 492-10-9092		17. INFORMANT'S SIGNATURE OR NAME Gregory Bunten		ADDRESS 6103 Otto	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fracture of Right Hip; Generalized Arteriosclerosis; suffered in fall at St Joseph's Infirmary, Cureba, Missouri DUE TO II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death related to the disease or condition causing death. March 27, 1956				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Infirmary		21c. (CITY, TOWN, OR TOWNSHIP) Cureba		(COUNTY) Missouri (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 21 56 ?		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 904.7			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:15 p. m., from the causes and on the date stated above.							
23a. SIGNATURE (In ink, in full name and degree or title) Patrick J. Taylor, Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 4.4.56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-6-1956		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
DATE REC'D BY LOCAL REG. APR 4 1956		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark Inc. 1125 Hodiamont			

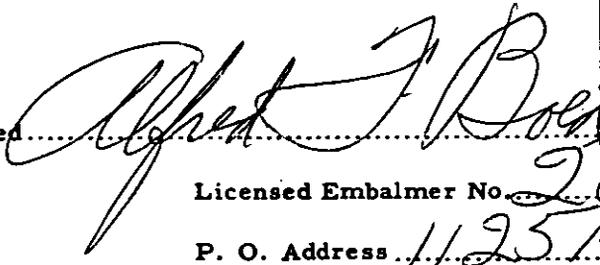
WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

**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.....  
Signature of Student Embalmer

Signed  .....  
Licensed Embalmer No. 2  
P. O. Address 11251

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.