

FILED NOV 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41805
State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10759**

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 township) OR TOWN **St. Louis, Mo.**

c. CITY OR TOWN **St. Louis,**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **24 St. Louis Chronic Hospital.**

e. STREET ADDRESS (If rural, give location) **7919 N. Broadway**

3. NAME OF DECEASED (Type or Print)
a. (First) **Malina** b. (Middle) **L.** c. (Last) **Bundy**

4. DATE OF DEATH (Month) (Day) (Year) **November 10—1957**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **Feb. 17, 1872**

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

10b. KIND OF BUSINESS OR INDUSTRY **at home**

11. BIRTHPLACE (City and State or Foreign Country) **Spanish Lake, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Todd**

13b. MOTHER'S MAIDEN NAME **Anna Dittmer**

14. NAME OF HUSBAND OR WIFE **Albert Bundy (Expired, 1928)**

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 **Harvey Bundy 7919 N. Broadway**

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) **Cerebral Artery Thrombosis**
ANTECEDENT CAUSES
DUE TO (b) **Cerebral Arteriosclerosis**
DUE TO (c) **Generalized Arteriosclerosis Disease**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Hypertensive Cardiovascular**

INTERVAL BETWEEN ONSET AND DEATH
2 days
5 mo.
6 mo.
5 mo.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION **443x**

20. AUTOPSY? **2**
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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **June 5, 1957**, to **Nov. 10, 1957**, that I last saw the deceased alive on **Nov. 10, 1957**, and that death occurred at **3:30 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John W. Beckham, M.D.**

23b. ADDRESS **5800 Arsenal**

23c. DATE SIGNED **11/12/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal**

24b. DATE **11-13-57**

24c. NAME OF CEMETERY OR CREMATORY **Salem Lutheran Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

DATE REC'D BY LOCAL REG. **NOV 12 57**

REGISTRAR'S SIGNATURE **J. Paul Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Diedrich Funeral Home 8319 Hallsferry**

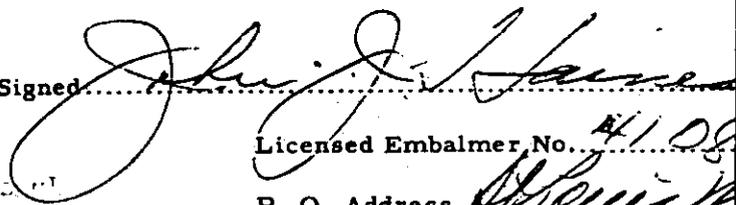
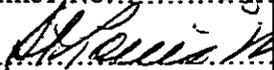
M. J. B. (Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 4109
P. O. Address 

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.