

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011424
STATE FILE NUMBER
2965

FILED APR 3 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2965

300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5701 Rhodes Ave.		Length of stay in 1b 26 2/3	d. STREET ADDRESS (If outside, give location) 5701 Rhodes Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM J. BUNCHER			4. DATE OF DEATH Month Day Year Mar. 11 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 27, 1906		9. AGE (In years last birthday) 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't. Auctioneer - Amer.		10b. KIND OF BUSINESS OR INDUSTRY Central Fruit Auction Co.	11. BIRTHPLACE (City and state or country) Vallmeyer Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Buncher		13b. MOTHER'S MAIDEN NAME Mary Gannon		14. NAME OF HUSBAND OR WIFE Selma Buncher	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 494-10-1432		17. INFORMANT Address Selma Buncher 5701 Rhodes Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sarcoma of Lung. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Spinal Cord Tumor } Sarcoma DUE TO (c) 1931					INTERVAL BETWEEN ONSET AND DEATH 10/17/57 + 10/17/57
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at 4:18 P. 4/23/58, to 3/11/58 and last saw her alive on 3/11/58 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Hank P. Smith (Degree or title) M			22b. ADDRESS 5203 Cluff Ave		22c. DATE SIGNED 3/13/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Mar. 14, 1958	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) St. Louis Co. Mo.
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway			25. DATE RECD. BY LOCAL REG. MAR 13 '58		26. REGISTRAR'S SIGNATURE Carl Smith M m 83

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Richard W. Storaas*

Licensed Embalmer No. *4007*.....
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.