

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016662

FILED VS APP 22 1960

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STATE FILE NUMBER

INDEXED

Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE, (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3631 Cozens		d. STREET ADDRESS (If outside, give location) 3631 Cozens	

3. NAME OF DECEASED (Type or print) First Middle Last Mattie NMN Bunton			4. DATE OF DEATH Month Day Year 4 4 1960			
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-20-1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months 16 Days 17	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William Bunton		
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. ?		17. INFORMANT Address William M. Bunton 3631 Cozens		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Second and Third Degree burns of entire body.*

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) *916.0*

DUE TO (c) *16*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If not related to the terminal disease condition given in PART I (a))

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>Suffered in fire in house</i>	
20c. TIME OF INJURY Hour Month, Day, Year 4 4 60 a.m. April 4, 1960	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (s.g., In or about home, farm, factory, street, office bldg., etc.) <i>11 House</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St Louis Mo</i>

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Joseph M. Zuber</i>	22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>4-7-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>4-11-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>National</i>	23d. LOCATION (City, town, or county) (State) <i>Jefferson Barracks, Missouri</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Ellis Funeral Home 2820 Stoddard St.</i>	25. DATE RECD. BY LOCAL REG. <i>APR 7 1960</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fulton E. Cielkiewicz

Licensed Embalmer No. 4198

P. O. Address St. Paul

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.