

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031088

FILED VS AUG 16 1960

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 86

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u> </u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eureka, Mo</u>		Length of stay in 1b		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hills</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1026 Bates St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>John H</u> Middle <u>Buncher</u> Last <u> </u>				4. DATE OF DEATH Month <u>July</u> Day <u>26</u> Year <u>1960</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7/15/90</u>	9. AGE (last birthday) <u>*70</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u> </u>		11. BIRTHPLACE (City and state or country) <u>Waterloo, Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Michael Buncher</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Eschmann</u>			14. NAME OF HUSBAND OR WIFE <u>Catherine nee Wierschem</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW1</u>			16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT Address <u>Catherine Buncher 1026 Bates St.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Brain Syndrome</u> DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteries mellitus</u> <u>Chronic pyelonephritis</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <u> </u>							
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>		Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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.) <u> </u>	
20f. CITY, TOWN, OR LOCATION <u> </u>		COUNTY <u> </u>		STATE <u> </u>					
21. I attended the deceased from <u>July 8th 1960</u> and last saw her alive on <u>7/21/60</u> . Death occurred at <u>2:50 am 7/26/60</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Patrick C. Hogan</u> (Degree or title)			22b. ADDRESS <u>2623 Telegraph Rd Lemay</u>			22c. DATE SIGNED <u>7/26/60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>7/29/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Madonnaville, Ill</u>		23d. LOCATION (City, town, or county) (State) <u>Madonnaville, Ill</u>				
24. FUNERAL DIRECTOR <u>Edward Fendler 5611 South Grand Blvd.</u>				25. DATE RECD. BY LOCAL REG <u>7-29-60</u>		26. REGISTRAR'S SIGNATURE <u>Robert C. Bauer</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS AUG 16 1960

AUG 16 1960

SEP 1 1960

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 George Doval
H.H. Embalmer Emb.

Licensed Embalmer No. # 4799

P. O. Address St. Louis

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.