

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4122

1. PLACE OF DEATH

County.....

Registration District No. 7911

Township.....

Primary Registration District No. 1000

City St. Louis Mo (No. Christian Hospital)

File No.....

Registered No. 734

St. Ward)

2. FULL NAME August Bundstein

(a) Residence No. 2624 Rutger St. 22 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>August 4-1928</u>		
7. AGE YEARS	MONTHS	DAYS
<u>—</u>	<u>5</u>	<u>10</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Infant 1074 104</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 14 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-13 1929 to 1-14 1929 that I last saw him alive on 1-14 1929 death occurred, on the date stated above, at 9.30

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Terminal Broncho pneumonia
Anhydremia
Acute Rhinopharyngitis
from Ophthalmic (duration) 15
Contributory Cutting teeth
(SECONDARY) Several days

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER August Bundstein

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER May Burnett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED? 1074
IF NOT AT PLACE OF BIRTH.

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Henry R. Bohm M. D.
. 19 (Address) 718 Beaumont Med Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs. Bundstein
(Address) 2624 Rutger St.

15. FILED 15 1929
REGISTRAR [Signature]

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus Cem DATE OF BURIAL Jan 16 1929

20. UNDERTAKER E. J. Schuur ADDRESS 3125 Lafayette

WITH OBTAINING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
FEB 1 1958

LETTER OF DISMISSAL

COLOR OF SKIN
HAIR AND EYES
BUILD
HEIGHT
WEIGHT
AGE
SEX
EDUCATION
MILITARY SERVICE
CIVILIAN SERVICE
EMPLOYMENT HISTORY
REASON FOR DISMISSAL
DATE OF DISMISSAL

Handwritten notes and signatures

WISCONSIN
ATTN: [illegible]

