

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

Do not use this space.

16500

File No. \_\_\_\_\_  
Registered No. **5021**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**791**  
**1003**

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City **St. Louis Mo.** (No. **5843@ Goerner Ave.**) St. \_\_\_\_\_ Ward \_\_\_\_\_  
**Louise Bunnemann**

**2. FULL NAME**

(a) Residence. No. **5843@ Goerner Ave.** St. **2** Ward.....  
(Usual place of abode) (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 24 1931**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William Bunneman**

17. I HEREBY CERTIFY, That I attended deceased from **4-24-1931** to **April 24 1931** that I last saw him/her alive on **4-24-1931**, and that death occurred, on the date stated above, at **1:50 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Chronic Myocarditis*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 17th 1856**  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**75**      **1**      **7**

*who attended by Phys*  
CONTRIBUTORY (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Housework 2 35"**  
(b) General nature of industry, business, or establishment in which employed (or employer) **At Home**  
(c) Name of employer \_\_\_\_\_

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

9. BIRTHPLACE (CITY OR TOWN) **Canton**  
(STATE OR COUNTRY) **Ohio**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....  
WAS THERE AN AUTOPSY? **no**

10. NAME OF FATHER **Unknown**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical**  
(Signed) *J.M. Goerner* M. D.  
**4/25/31** (Address) **5005a Graven**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Unknown**  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown**  
(STATE OR COUNTRY) \_\_\_\_\_

\*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 **Lester Bunnemann**  
(Address) **5843 Goerner Ave.**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **New Picker** DATE OF BURIAL **4-27-31**

15. FILED **27 1931** *May C. Stork* REGISTERAR

20. UNDERTAKER **Hacker-Helderle** ADDRESS **2331 S. Bdwy**

A. B.—every item of information should be carefully checked for accuracy before being reported. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

