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.

REC'D JUN 9 1938

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

791

16786

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 4647

(c) City ST. LOUIS MO. (d) Street No. 1307 A Ohio AV. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME PAUL BUNETA 53

(a) Residence, No. 1307 A Ohio AV St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word): MARRIED

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ ANNA BUNETA

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 15-1877

7. AGE: YEARS 61 | MONTHS 4 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. NIL
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JUGOSLAVIJA

FATHER
13. NAME PETA BUNETA
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JUGOSLAVIJA

MOTHER
15. MAIDEN NAME MARY UNK.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JUGOSLAVIJA

17. INFORMANT (ADDRESS) JOHANA NARANCICH 2735 A RUTGER ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE NEW SS P. & P. CEM. DATE MAY 23 1938

19. FUNERAL DIRECTOR (ADDRESS) E. J. Schnur 3125 Lafayette Av

20. FILED MAY 21 1938 J. D. Brehick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 19 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-18, 1937, to 5-19, 1938

I last saw him alive on 5-19, 1938. Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic	5 yrs.
Other contributory causes of importance:	
Cardiac asthma	3 yrs.

Name of operation — Date of .....

What test confirmed diagnosis? Lab & Clin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Edward N. Hamlet, M. D.

(Address) 1504 So. Grand

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Joseph B Vollmer, Licensed Embalmer No. 4014

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Joseph B Vollmer

Licensed Embalmer No. 4014

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.)