

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

**20243**  
Do not use this space.

1. PLACE OF DEATH - 17100 1  
 (a) County..... Registration District No. 791  
 (b) Township..... 0 Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. Josephine Keitman Memorial Heights Registered No. 5191  
 (e) Length of residence in city or town where death occurred 8 yrs. 8 mos. 0 ds. (f) How long in U.S. If of foreign birth? yrs. mos. ds.  
 530 OLGA MARY BUNK  
 (a) Residence, No. 3711<sup>a</sup> N. 9<sup>th</sup> St. 26 (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Les Bunk Jr.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19-1913  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
26 10 -  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. at home  
 10. Date deceased last worked at this occupation (month and year) June 1940 11. Total time (years) spent in this occupation 1  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Ill.  
 FATHER 13. NAME unknown 9  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9  
 MOTHER 15. MAIDEN NAME unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 17. INFORMANT Mary Bunk  
 (ADDRESS) Madison Ill.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Madison Ill. DATE June 14, 1940  
 19. FUNERAL DIRECTOR Francis J. Leahy  
 (ADDRESS) Madison Ill.  
 20. FILED JUN 14 1940 J. F. Crebeck  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-13 1940  
 22. HEREBY CERTIFY, That I attended deceased from Dec 1939 to 6-13 1940  
 I last saw him alive on 6-14 1939 at 9:30 am. Death is said to have occurred on the date stated above, at 9 am.  
 The principal cause of death and related causes of importance were as follows:  
As lateral streptococci pneumonia  
labor  
 Other contributory causes of importance: 106  
 Date of onset  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....  
 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?.....  
 If so, specify.....  
 (Signed) Jos J. Keuler M. D.  
 (Address) 3504 N. 15th St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50107-20-37 I X12004

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

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 *James J. Foley* .....

Licensed Embalmer No. *2792* .....

**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.)**