

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26601**  
Registrar's No. **6497**

FILED-SEP 25 1940

791

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St Anthony Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Day**  
In this community **41 Years.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **ADOLF BUNGENBERG** **525**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **490-03-5581**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Maria Bungenberg** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **May 21 1875**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **2** Days **9** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Butcher**

11. Industry or business **Sieloff Packing Co.**

12. Name **Julius Bungenberg**

18. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Rosalie Helgenthal**  
(City, town, or county) (State or foreign country)

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Maria Bungenberg**

(b) Address **2039 Ann Ave.**

17. (a) **Burial** (b) Date thereof **Aug 2/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St Marcus**

18. (a) Signature of funeral director **Thos. Ruten**  
(b) Address **2906 Gravois Ave.**

19. (a) **AUG 1 1940** (b) **J. F. Bredeck**  
(Received legal) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis.** **23**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2039 Ann Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **41 Years.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **30**  
year **1940** hour **6 15 A.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **5/13**, 19**40**, to **July 30**, 19**40**,  
that I last saw him alive on **July 29**, 19**40**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of prostate & generalized metastases**

Duration **about 6 mo.**

Due to \_\_\_\_\_ **51**  
Due to \_\_\_\_\_

Other conditions **Heart dilatation. Not a 1 day.**  
(Include pregnancy within 3 months of death)

Major findings: **Heart or brain stroke**  
Of operations \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Of autopsy **no**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Wm J. O'Keefe** (M. D. or other) \_\_\_\_\_  
Address **1870 Euclid** Date signed **8/1/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*Leo Budde*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Leo Budde*

Licensed Embalmer No. *3989*

P. O. Address *St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**