

FILED NOV 23 1942 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9477

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 1 Day
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... MISSOURI (b) County..... 000
 (c) City or town..... ST. LOUIS 17
(If outside city or town limits, write "RURAL")
 (d) Street No..... 1823 LASALLE 722
(If rural, give location)
 (e) Citizen of foreign country?..... N.O. (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME..... Alva Olvus Bunting

3. (b) If veteran, name war..... 3. (c) Social Security No. 498-09-8119

4. Sex..... M O 5. Color or race..... W 6. (a) Single, widowed, married, divorced..... 0

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... AUGUST 3 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 67 3 9 hr. min.

9. Birthplace..... EDWARDS ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation..... LABORER

11. Industry or business.....

MOTHER FATHER

12. Name..... HERBERT BUNTING

13. Birthplace..... EDWARDS ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name..... ELIZA CLINE

15. Birthplace..... EDWARDS ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant..... Russell Bunting

(b) Address..... Fairfeld Ill.

17. (a) Removal..... (b) Date thereof..... NOV 13-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Fairfeld Ill.

18. (a) Signature of funeral director..... Halye Dixon

(b) Address..... Fairfeld Illinois

19. (a) NOV 13 1942 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12, year 1942 hour 12:20 minute P. M.

21. I hereby certify that I attended the deceased from November 12, 1942 to November 12, 1942; that I last saw him alive on November 12, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary Thrombosis
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Duration
 PHYSICIAN

Major findings:
 Of operations.....
 Of autopsy..... B-fined

Underline the cause to which death should be charged statistically.

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..... Drewson Petersen (M. D. or other) 11/12/42
 Address 1515 Lafayette Avenue Date signed.....

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

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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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed William J. Lyons

Licensed Embalmer No. 4319

P. O. Address St. Louis Mo

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.)

If this body is not embalmed, fact should be so stated above.