

FILED DEC 15 1942

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State File No.

Registrar's No. 10204

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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 Childrens Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Richmond
(c) City or town Olney (If outside city or town limits, write "RURAL")
(d) Street No. None (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME JEANELLE YVONNE BUNDY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 28, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 11 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Olney Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Wayne Bundy
13. Birthplace Unknown Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Cathryn Burns
15. Birthplace Unknown Colorado
(City, town, or county) (State or foreign country)

16. (a) Informant Wayne Bundy
(b) Address Olney, Illinois

17. (a) Removal (b) Date thereof 12/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olney, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 3247 00 Washington Blvd.,

19. (a) _____ (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5
year 42 hour 3 minute - P.M.

21. I hereby certify that I attended the deceased from 12-4-42
1942 to 12-5-42 1942
that I last saw her alive on 12-5-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Meningococci Meningitis
Pneumonia

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN

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? _____

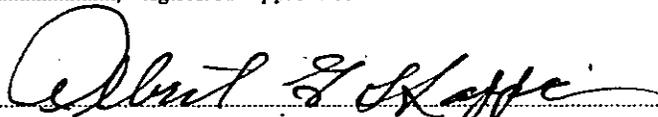
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. P. D. Hoover (M. D. or other) _____
Address 500/50 Kingpin Date signed _____

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

Signed..... .....

Licensed Embalmer No..... 2971.....

P. O. Address.....

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.