

S. No. 2  
M-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20101

State File No. 5730

FILED JUL 3 1943 18

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 6 DAYS (Specify whether years, months or days)

3. (a) PRINT FULL NAME Vancy Alberta Tunks

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife JOHN TUNKS 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased MAY 25 1906  
(Month) (Day) (Year)

8. AGE: Years 37 Months 0 Days 24 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name BERT CRUSE

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

14. Maiden name SUSIE WEBSTER

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

16. (a) Informant John Tunks

(b) Address Centralia Ill

17. (a) Removed (b) Date thereof June 19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Ill.

18. (a) Signature of funeral director Garner Funeral Home

(b) Address Centralia Ill

19. (a) JUN 23 1943 (b) J. F. Budeck  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County 999 NR  
(c) City or town CENTRALIA  
(If outside city or town limits, write "RURAL")  
(d) Street No. 11  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19  
year 1943 hour 9 minute 45 a.m.

21. I hereby certify that I attended the deceased from June 14, 1943, to June 19, 1943; that I last saw h. or alive on June 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Inflammatory Infiltration of each main Bronchus, etiology unknown

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 J. F. Budeck (M. D. or other) \_\_\_\_\_  
Address BARNES HOSPITAL Date signed 6/19/43

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

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.....

Licensed Embalmer No.....

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.**