S. No. 2
M—5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22833 6482

JUL 24 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
/ 5979 Highland Ave.
(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 Missouri (b) County 000 17

(c) City or town St. Louis 9 6
(If outside city or town limits, write "RURAL")

(d) Street No. 5979 Highland Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME EMMA C. BUNT.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Ernest J. Bunt.

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased November (Month) 6, (Day) 1865. (Year)

8. AGE: Years 77 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Dont know.
13. Birthplace Dont know. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Dont know.
15. Birthplace Dont know. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. Ernest J. Bunt.
(b) Address 5979 Highland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-1943. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) JUL 20 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th.
year 1943 hour 4 minute 05 P.M.

21. I hereby certify that I attended the deceased from 7-5-, 1943, to 7-16-, 1943
that I last saw her alive on 7-16-, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration Months

Due to age or senility

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

23. Signature E. E. Evans (M. D. or other)
Address 1506 Hodiamont Date signed 7/17/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. E. Evans.
1506 Hodiamont Ave.
Goodfellow 7775

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 3454, Registered Apprentice No. ....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L.

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.