S. No. 2
M—2-43
5-17-39
1 X3569

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39067

LED NOV 20 1943

Registration District No. 5317

Primary Registration District No. 6076

Registrar's No. 2545

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town LEMAY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 207 HOLDEN AV. LEMAY MO (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town LEMAY (If outside city or town limits, write "RURAL")
(d) Street No. 207 HOLDEN AV. (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME GOLDIE BUNDSTEIN
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife OTTO T. BUNDSTEIN
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased AUGUST (Month) 11 (Day) 1892 (Year)
8. AGE: Years 51 Months 3 Days 3 If less than one day ____ hr. ____ min.
9. Birthplace UNK (City, town, or county) MO. (State or foreign country) 0
10. Usual occupation HOUSEWORK
11. Industry or business OWN
FATHER 12. Name WILLIAM MOORE
FATHER 13. Birthplace UNKNOWN (City, town, or county) PENN. (State or foreign country)
MOTHER 14. Maiden name RANDELL
MOTHER 15. Birthplace MARTHA (City, town, or county) MO. (State or foreign country) 0
16. (a) Informant Mrs. Otto T. Bundstein
(b) Address 207 Holden Lemay Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 16 1943 (Month) (Day) (Year)
(c) Place: burial or cremation ST. TRINITY CEM.
18. (a) Signature of funeral director E. J. Schmitt
(b) Address 3125 Lafayette Av.
19. (a) NOV 17 1943 (Date received local registrar) (b) R. B. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 14 year 1943 hour 5 minute 52 P.M.
21. I hereby certify that I attended the deceased from 7-27-43 ~~NOV 14 1943~~, 19__, to 11-14-43, 19__; that I last saw her alive on 11-14-43, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis

Due to ____

Due to ____

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

Major findings: Of operations none

Of autopsy none

Duration

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 Geo. L. Perry (M. D. or other)
Address 405 S. 20th Street Date signed 11/14/43

(Licensed Embalmer's Statement on Reverse Side)

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. Jos B Vollmer

Licensed Embalmer No. 4014

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.