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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28509

FILED SEP 9 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7434

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital O
(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
(c) City or town St. Louis 25 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1622 Carr 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Joseph Bunting

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

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Dec. (Month) 27 (Day) 1871 (Year)

8. AGE: Years 74 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Nevada Co. (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business --

FATHER
12. Name Richard Bunting
13. Birthplace Unknown (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name Amanda Hamilton
15. Birthplace Unknown (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Susie Bunting
(b) Address 1622 Lovejoy Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-46 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) AUG 28 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1946 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from 8-13, 1946, to 8-25, 1946 that I last saw him alive on 8-25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Cardiovascular Disease	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Uremia	

Major findings:
Of operations
Of autopsy No

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. Burleson M.D. Cause of injury

23. Signature Eleanor Bogemann (M. D. or other)
Address 7601 N Whittier Date signed 8/30/46

(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

Chas. J. Gates, Registered Apprentice No. _____,

working under my personal supervision.

Signed _____

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave.

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.