

No. 2
2-45
7-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32375**
Registrar's No. **9004**

FILED OCT 4 1947 318

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5268 Alcott 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

3. (a) PRINT FULL NAME Lillian E. Bunting
3. (b) If veteran, name war
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 Eli. Bunting.
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Oct. 15th 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 II 8 hr. 0 min.

9. Birthplace St. Louis Mo., France
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Studler
13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Eli A Bunting
(b) Address 5268 Alcott

17. (a) Burial (b) Date thereof Sept 27, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N Grand Blvd

19. (a) SEP 27 1947 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-00
(c) City or town St. Louis Mo. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5268 Alcott Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1947 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept. 22
1947 to Sept. 23, 1947
that I last saw her alive on Sept. 23, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Thrombosis 30 hours
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 R. R. Menoun, (M. D. or other) M.H.

Address 5330 Geraldine signed 9-25-47

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

MOTHER FATHER

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..... *Albert Mayfield*
Licensed Embalmer No..... *3077*

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.