S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6140

FILED FEB 2 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1124

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

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 1854 NORTH-MARKET STR.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1854 N. MARKET STR.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA BUNTE
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 WIDOWED
6. (b) Name of husband or wife GEORGE BUNTE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MCH (Month) 15TH (Day) 1878 (Year)

8. AGE: Years 69 Months 10 Days 18 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSE WORK
11. Industry or business AT HOME
FATHER
12. Name JOSEPH RAPP
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name CATHERINE BRINKMAN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant Sylvester J. Bunte
(b) Address 1854 N. Market St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 5-48 (Month) (Day) (Year)
(c) Place: burial or cremation GALVARY CEM.
18. (a) Signature of funeral director Brockland Undo Co
(b) Address 1827 HOGAN STR
19. (a) FEB 3 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 2ND year 1948 hour 6 45 minute P. M.
21. I hereby certify that I attended the deceased from DEC. 5, 1947 19 , to February 2 19 48
that I last saw her alive on Feb. 2nd 19 48
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Decompensation acute	3 days
Due to Chronic Hypertensive Cardio Vascular Heart Disease	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 [signature] (M. D. or other)
Address 1901 Madison St Date signed 2-3-48

Jefferson City Printing Co.

(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.....

Licensed Embalmer No. 4053

P. O. Address St Louis

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.