

FILED JAN 19 1949

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2520**
#13

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE _____ b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Saint Louis, Missouri**
c. LENGTH OF STAY (In this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **2nd and Boulard Streets**
e. STREET ADDRESS (If rural, give location) **Unknown**

3. NAME OF DECEASED
a. (First) **Al Bunnemann** b. (Middle) _____ c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **1-1-1949**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced** 8. DATE OF BIRTH **12/5/2** 9. AGE (Years) (Month) (Day) _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Unemployed** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Unknown** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Oliver Martens, 3432a S. Spring Ave.** ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arterio Sclerosis, Chronic**
ANTECEDENT CAUSES **Nephritis (Interstitial)**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **12/5/4** 20. AUTOPSY? YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:20 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE **W. H. Perry** (Degree or title) **3 Deputy Coroner** 23b. ADDRESS **1300 Clark Ave** 23c. DATE SIGNED **1/3/49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** 24b. DATE **Jan. 3rd, 49** 24c. NAME OF CEMETERY OR CREMATORY **Valhalla Crematory** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL **JAN 3 1949** REGISTRAR'S SIGNATURE **J. B. Lasater** 25. FUNERAL DIRECTOR'S SIGNATURE **Calvin F. Feutz, 4828 "at" 1. Bridge Bl.** ADDRESS _____

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

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.....

No Embalming (Direct to Crematory.) Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *John A. Mlener*
Licensed Embalmer No. *4186*

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.