

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27984

FILED AUG 30 1951

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 2166	
1. PLACE OF DEATH a. COUNTY ST. FRANCOIS 0941				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS			
b. CITY OR TOWN BONNE TERRE		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN BONNE TERRE 0941		d. STREET ADDRESS (If rural, give location) 417 C. ST. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 417 C. ST.							
3. NAME OF DECEASED (Type or Print) LOUISE		a. (First)		b. (Middle) AMOLIA		c. (Last) BUNTE	
4. DATE OF DEATH AUGUST 17 1951		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH APRIL 6, 1876		9. AGE (in years last birthday) 75		10. MONTHS 4		11. DAYS 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KIRKWOOD Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME HUGO JACOBI		13b. MOTHER'S MAIDEN NAME MARIE HENKLER		14. NAME OF HUSBAND OR WIFE THEODORE L. BUNTE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MARIE BUNTE			
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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH few min.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 1950, to 8-17, 1951, that I last saw the deceased alive on 8-13, 1951, and that death occurred at 11:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. W. Taylor M.D.				23b. ADDRESS Bonne Terre Mo		23c. DATE SIGNED 8-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 20, 1951		24c. NAME OF CEMETERY OR CREMATORY BONNE TERRE		24d. LOCATION (City, town, or county) (State) BONNE TERRE Mo	
DATE REC'D BY LOCAL REG. Aug 20, 1951		REGISTRAR'S SIGNATURE Esther Rudolph		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bertram Hall, Bonne Terre Mo			

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

File No. _____
DISTRICT HEALTH OFFICE No. 4
AUG 27 1951

RECEIVED

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Lawrence J. Claywell*

Licensed Embalmer No. *3706*

P. O. Address *Benning Ave No 60*

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.