

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34888
State File No. 9220
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dont Know	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Corso Missouri 0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospt.		d. STREET ADDRESS (If rural, give location) Rural	
3. NAME OF DECEASED (Type or Print) a. (First) Eugene b. (Middle) Anthony c. (Last) Bunten			4. DATE OF DEATH (Month) (Day) (Year) Oct. 18 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 24 1908
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) Electricition		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 45 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Bunten		13b. MOTHER'S MAIDEN NAME Anna Schwentker	14. NAME OF HUSBAND OR WIFE Joan F Bunten
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 488 09 1241	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joan Bunten Corso Missouri
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 <i>Fr of 4th + 5th vertebrae</i> ANTECEDENT CAUSES <i>Card injury suffered when deceased fell through tarpaulin covered hole on 2nd floor of building project to floor below, about 10:45 AM</i> II. OTHER SIGNIFICANT CONDITIONS <i>Oct 16 1951 at Holy Ghost School, 1st + Garfield Avenues</i> CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Berkeley Mo Accident</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMEIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Building</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Berkeley Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Oct 16 5:10 AM</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>E 90 2 1/2</i>	
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 <i>4:18¹⁹ a</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Catrick E Taylor Curator</i>		23b. ADDRESS <i>1255 Clark</i>	23c. DATE SIGNED <i>10.19.51.</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Oct 22 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
DATE REC'D BY LOCAL REG. <i>OCT 10 1951</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Jos. W. Clark 1125 Hodiamont Ave.</i>	

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Alfred J. Bredelka

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiam

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.