S. No. 300
. 10.48

FILED OCT 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35817 ~~3412~~

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3412

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Louis County Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~St Louis~~ Mo Riverview Gardens 4050
d. STREET ADDRESS (If rural, give location): 646 St Cyr

3. NAME OF DECEASED (Type or Print): a. (First) JUSTINE b. (Middle) D. c. (Last) BUNTE ~~JUSTINE~~ ~~BUNTINE~~

4. DATE OF DEATH (Month) OCT. (Day) 11 (Year) 1951

5. SEX: F. MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: JAN 7 - 1867
9. AGE (In years last birthday): 84 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ill
12. CITIZEN OF WHAT COUNTRY?: Monrol
13a. FATHER'S NAME: Philip C. Koch
13b. MOTHER'S MAIDEN NAME: Elizabeth Ulrich
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Art Prange Son
ADDRESS: 646 St Cyr

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) following subtotal gastrectomy for peptic ulcer — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) liver cirrhosis — hemorrhagic diathesis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-3-51
19b. MAJOR FINDINGS OF OPERATION: duodenal ulcer
20. AUTOPSY? YES [X] 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* 10-2-, 1951, *to* 10-11-, 1951, *that I last saw the deceased alive on* 10-11-, 1951, *and that death occurred at* 1:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul Popovich (Degree or title) M.D.
23b. ADDRESS: 601 S. Brentwood Clayton 5 Mo.
23c. DATE SIGNED: 10-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-14-51
24c. NAME OF CEMETERY OR CREMATORY: ST UOT
24d. LOCATION (City, town, or county) (State): Bahrn, Ill

DATE REC'D BY LOCAL REG.: 10-12-51
REGISTRAR'S SIGNATURE: Herbert R. Lombardi M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Walker Funeral Home
ADDRESS: Spirit, Ill

(Licensed Embalmer's Statement on Reverse Side)

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

Copy for City

JAN 2 1952

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 Ronald O. Yahnke

Licensed Embalmer No. 3917

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.

State of Missouri } ss.
County of St. Louis }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 35817
Local Registrar's No. 3412

On this 26th day of December 1951, 194..., before me appears Arthur J. Prange, her son, who, upon his oath, states that the original record of ~~birth~~ death for Justine Bunte, ~~born~~ died 10-11, 1951, in the State of Missouri, and which was filed at Clayton - Mo on 10-12, 1951, should be corrected as follows:

Item No. 3 should read Justine D. Bunte
Instead of Justine Buntine

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Arthur J. Prange Relationship. son

646 St. Cyr rd, St Louis 15, Mo
Present Address.

Subscribed and sworn to before me this 26th day of December 1951, 194...

My Commission expires May 6th, 1955 Frank J. Burkamp Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M—4-43
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