

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38795**
Registrar's No. **9834**

BIRTH NO. _____ 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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		STREET ADDRESS (If rural, give location) 1525 Destefano	

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT	b. (Middle) J.	c. (Last) BUNTING	4. DATE OF DEATH (Month) (Day) (Year) NOV. 5 1951
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH NOV 13 - 1912	9. AGE (In years last birthday) 38	10. MONTHS 5	11. DAYS 5	12. HOURS 5	13. MIN. 1951
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (State or foreign country) Pickneyville - ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Haze Bunting	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Ruth Bunting
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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. 494-05-3085	17. INFORMANT'S SIGNATURE OR NAME Ruth Bunting	ADDRESS 1525 Destefano
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Recurrent Pancreatitis		
	ANTECEDENT CAUSES 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. Chr. alcoholic			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 587.0
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22. I hereby certify that I attended the deceased from **10-3-51**, 19___, to **11-5-51**, 19___, that I last saw the deceased alive on **11-5-51**, 19___, and that death occurred at **2:45P** m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Spencer Payne, M.D.	(Degree or title)	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 11-5-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE NOV 8 1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
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DATE REC'D BY LOCAL REG. NOV 7 1951	REGISTRAR'S SIGNATURE J. E. Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Ed. Hanson	ADDRESS 3816 N. 14th St.
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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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Ben C. Hoffman*
.....
Licensed Embalmer No. *4366*
.....

P. O. Address *St Louis Mo*
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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.