

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14101**
Registrar's No. **3133**

APR 25 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (in this place) 2 WKS		d. STREET ADDRESS (If rural, give location) 7160 WELLINGTON CT.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		3. NAME OF DECEASED (Type or Print)	
a. (First) LOUIS		b. (Middle) S	
c. (Last) BUNTING		4. DATE OF DEATH (Month) (Day) (Year) APRIL 1, 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH OCT. 20th 1891
9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 5 Days 12	IF UNDER 24 HRS. Hours Min. 	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED
10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) PENN. 1	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME WILLIAM Q. BUNTING		13b. MOTHER'S MAIDEN NAME ANNA M. HILES	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W. #1	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME EVELYN J. NORDMAN-7160 WELLINGTON	
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laelnec's Cirrhosis		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) Chronic Alcoholism			
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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5811	
22. I hereby certify that I attended the deceased from 3-17-52 , 19___, to 4-1-52 , 19___, that I last saw the deceased alive on 4-1-52 , 19___, and that death occurred at 9:45A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Richard P. Danner M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 4-1-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 4-4-52	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO
DATE REC'D BY LOCAL APR 3 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH ADDRESS 7456 MANCHESTER, MAPLEWOOD.	

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.

Student Embalmer No.....

Signed.....

J. P. Burgess

Signed.....
Student Embalmer

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.