

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25625

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6647**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2169	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hosp.		d. STREET ADDRESS (If rural, give location) 3033a Wyoming	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Bungert. c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jul. 7, 1952
---	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Feb. 29, 1880	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	--	---------------------------------------	---	------------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Architect	10b. KIND OF BUSINESS OR INDUSTRY Own business	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? 4
---	---	--	---------------------------------------

13a. FATHER'S NAME Karl Bungert	13b. MOTHER'S MAIDEN NAME Unk	14. NAME OF HUSBAND OR WIFE Elizabeth Bungert
--	--------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 491-14-6729	17. INFORMANT'S SIGNATURE OR NAME Eliz. Bungert ADDRESS 3033a Wyoming
---	--	---

18. CAUSE OF DEATH Enter only one cause on line for (a), (b), and (c) *This does not mean the mode of dying such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day 2 days 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Urban Pneumonia DUE TO (c) Heat prostration		
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 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 000
--	--	---------------------------------------

22. I hereby certify that I attended the deceased from **June 30, 1952**, to **July 7, 1952**, that I last saw the deceased alive on **July 7, 1952**, and that death occurred at **5 P. m.**, from the causes and on the date stated above. **46**

23a. SIGNATURE (Degree or title) D. H. Wilkinson M.D.	23b. ADDRESS 3014 S. Jefferson	23c. DATE SIGNED July 15, 1952
--	---------------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Crema	24b. DATE 7-9-52	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
--	-------------------------	--	---

DATE REC'D BY LOCAL REG. JUL 9 1952	REGISTRAR'S SIGNATURE J. Carl Smith Md	25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS 6322 S. Grand Blvd.
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 _____

Licensed Embalmer No. 4242

P. O. Address 6322 So Beach

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.