

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29292

FILED AUG 15 1952

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7132**

1. PLACE OF DEATH

a. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) **1**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **2150 E. College Ave.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri** b. COUNTY \_\_\_\_\_

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

d. STREET ADDRESS (If rural, give location) **9 2150 E. College Ave.**

3. NAME OF DECEASED (Type or Print)

a. (First) **Frank** b. (Middle) \_\_\_\_\_ c. (Last) **Bunevac**

4. DATE OF DEATH (Month) (Day) (Year) **July 22, 1952.**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed**

8. DATE OF BIRTH **August 12, 1884** 9. AGE (in years last birthday) **67**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Maintenance Man**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) **Hungary**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Paul Bunevac** 13b. MOTHER'S MAIDEN NAME **Annie Biro** 14. NAME OF HUSBAND OR WIFE **deceased.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mr. Paul Bunevac 4235 Linton Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* **Metastatic Carcinoma of liver**

ANTECEDENT CAUSES **Primary site unknown**

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

II. OTHER SIGNIFICANT CONDITIONS

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

INTERVAL BETWEEN ONSET AND DEATH **3 mos.**

19a. DATE OF OPERATION **5/24/52** 19b. MAJOR FINDINGS OF OPERATION **metastatic carcinoma of liver.** 20. AUTOPSY? YES  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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **1561**

22. I hereby certify that I attended the deceased from **5/12, 1952** to **7/22, 1952**, that I last saw the deceased alive on **7/22, 1952**, and that death occurred at **5:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Charles Macken M.D.** 23b. ADDRESS **4020 N. Flourissant Ave.** 23c. DATE SIGNED **7/24/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **7-25-52.** 24c. NAME OF CEMETERY OR CREMATORY **Valhalla Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Co. Missouri.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **J.H.L. 24 1952** **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Math Hermann & Son, Inc. 2161 E. Fair Ave.**

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

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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..... *Homer W. Prutz* .....

Licensed Embalmer No. *38820* .....

P. O. Address..... *St. Louis* .....

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.