

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

38200

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>169</u>			
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (In this place) <u>2 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cleveland</u>		4238			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>A. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>9605 Whittier</u>				1	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u>			b. (Middle) <u>H.</u>		c. (Last) <u>BUNSE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 15 1952</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3-18-1915</u>		9. AGE (In years last birthday) Months Days <u>37 7 27</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Paul Schmide</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Boland</u>			14. NAME OF HUSBAND OR WIFE <u>Raymond Bunse</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>498-12-1972</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Raymond Bunse</u>			ADDRESS <u>Cleveland, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis, generalized</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.-- DUE TO (b) <u>Carcinoma, uterine</u>				<u>3 yrs</u>	
				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>									
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>						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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>17 Sep</u> , 19 <u>52</u> , to <u>15 Nov</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>15 Nov</u> , 19 <u>52</u> , and that death occurred at <u>6:10 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Raymond J. Bosco, M.D.</u>				23b. ADDRESS <u>Washington, Mo.</u>				23c. DATE SIGNED <u>17 Nov 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-18-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>A. Francis Burial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Nov 17, 1952</u>		REGISTRAR'S SIGNATURE <u>J. C. Ferdman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. H. by W. Willbuck</u>		ADDRESS <u>Washington, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

362  
0.

**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 \_\_\_\_\_

*M. Willebrink*

Licensed Embalmer No. 4511

P. O. Address Washington, Missouri

**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.