

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2636

State File No.

BIRTH NO. FILED FEB 1 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0917

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, c. LENGTH OF STAY (in this place)
c. CITY OR TOWN ST. Louis d. Is Residence within limits of a city or incorporated town? Yes No No. 2189

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hn e. STREET ADDRESS (If rural, give location)
16 42 20 A. Wyoming St

3. NAME OF DECEASED a. (First) JOSEPH b. (Middle) WALTER c. (Last) BUNZ 4. DATE OF DEATH (Month) (Day) (Year) JAN. 27 1954

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M 8. DATE OF BIRTH SEPT. 14, 1895 9. AGE (In years last birthday) 58 1/2 IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) 12. CITIZEN OF WHAT COUNTRY?
Barley maker Railroad Valles Mines, Missouri. U.S.A.

13a. FATHER'S NAME Fred Bunz 13b. MOTHER'S MAIDEN NAME Mary Hoarsemann 14. NAME OF HUSBAND OR WIFE Matilda Bunz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 16. SOCIAL SECURITY NO. 702-09-0290 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Matilda Bunz 4220a Wyoming St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage

ANTECEDENT CAUSES DUE TO (b) Hypertensive heart disease
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 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 443X

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Jan. 27, 1954, and that death occurred at 10 30 a. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D. 23b. ADDRESS 1755 So. Grand Blvd. 23c. DATE SIGNED 1-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Jan. 30, 1954 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri,

DATE REC'D BY LOCAL REG. JAN 29 1954 REGISTRAR'S SIGNATURE J. Earl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary 2842 Meramec St. St. Louis, 18, Mo.

S.P. (Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Joe S. Benz
Licensed Embalmer No.....
2842 Meramec
P. O. Address St., Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.