

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35196

State File No.

8605

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

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (in this place) **5 days**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri Baptist Hosp.** e. STREET ADDRESS (If rural, give location) **1427 Blackstone Avenue** *2069*

3. NAME OF DECEASED (Type or Print) a. (First) **Clarence** b. (Middle) **G.** c. (Last) **Bunge** 4. DATE OF DEATH (Month) (Day) (Year) **9 - 17 - 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **2 - 4 - 1879** 9. AGE (In years last birthday) **75** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Insurance Broker** 10b. KIND OF BUSINESS OR INDUSTRY **Insurance** 11. BIRTHPLACE (City and State or Foreign Country) **Chester, Illinois** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **William Bunge** 13b. MOTHER'S MAIDEN NAME **Caroline Koston** 14. NAME OF HUSBAND OR WIFE **Mary L. Bunge**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME, ADDRESS **Mrs. Viola Hennessey, 1427 Blackstone**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **4 days**

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

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Arteriosclerosis**

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? **331X**

22. I hereby certify that I attended the deceased from **9 June 1954**, to **18 Sept 1954**, that I last saw the deceased alive on **18 Sept 1954**, and that death occurred at **9:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **William W. Bower M.D.** 23b. ADDRESS **4500 Olive** 23c. DATE SIGNED **20 Sept 54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **9/22/54** 24c. NAME OF CEMETERY OR CREMATORY **Bellefontaine Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **SEP 21 1954** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Drehmann-Harral 1905 Union Blvd.**

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

Dr. Warren Bowersox
4500 Olive St.

3-5 Mon

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... *Albert R. Thompson*

Licensed Embalmer No. 423

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.