

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22651**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **449** Registrar's No. **38**

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

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>HILLSBORO</b>		c. LENGTH OF STAY (In this place) <b>2 mo.</b>	c. CITY OR TOWN <b>Carsonville</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cedar Grove Nursing Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS <b>8627 Trumbull Ave.</b>		<b>4190</b>	

3. NAME OF DECEASED (Type or Print) <b>John</b>	a. (First)	b. (Middle)	c. (Last) <b>Bunten</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7/2/55</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Spelled) <b>Widowed</b>	8. DATE OF BIRTH <b>10/30/1875</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>79</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Gardner</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Herman Bunten</b>	13b. MOTHER'S MAIDEN NAME <b>Katherine Schwentker</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Bunten Dec.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unk</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Brockmeyer 7309a Esplanada</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>←</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia, 3 days</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fracture, neck of right femur 2 1/2 weeks</b> DUE TO (c) <b>Senility without psychosis unknown</b>		

19a. DATE OF OPERATION <b>E9047 /55</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Nursing Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Hillsboro Jefferson Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6 - 15 - 55 10<sup>AM</sup></b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Was pushed by another inmate of home - fell on right hip.</b>
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22. I hereby certify that I attended the deceased from **May 11, 1955**, to **July 2, 1955**, that I last saw the deceased alive on **June 29, 1955**, and that death occurred at **2:00** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas A. Donnell M.D.</b>	23b. ADDRESS <b>Desoto, Mo</b>	23c. DATE SIGNED <b>7-8-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7/6/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-8-55</b>	REGISTRAR'S SIGNATURE <b>Kathleen Tharaden</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. W. Clark 1125 Hodiamont Ave.</b>
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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 12 1955

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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.....  
Signature of Student Embalmer

Signed *James B. Britton*.....

Licensed Embalmer No. *410*.....

P. O. Address *Jadito*.....

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.