

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7542**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **543** Registrar's No. **500**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jennings</b>		c. LENGTH OF STAY (in this place) <b>10 yrs</b>	c. CITY OR TOWN <b>Jennings 4139</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2525 Ada Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>2525 Ada Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Myles</b>	b. (Middle)	c. (Last) <b>Bunk</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 19 1956</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 26 1898</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of year, even if retired) <b>Mail Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Post Office</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Benjamin Bunk</b>	13b. MOTHER'S MAIDEN NAME <b>Pauline Kuberski</b>	14. NAME OF HUSBAND OR WIFE <b>Caroline Bunk</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>WWI</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Caroline Bunk</b> ADDRESS <b>2525 Ada Ave.</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION.</b>		<b>20 MIN APP.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ATHERIO-SCLEROTIC HEART DISEASE</b> DUE TO (c) <b>-</b>		<b>10 YRS</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>LEFT NEPHRECTOMY - AUG 1949.</b>		<b>7 YRS.</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>RET. ADM. JEFF. BARRACKS, MO. 4200</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>-</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>-</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>-</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>-</b>

22. I hereby certify that I attended the deceased from **1/1**, 19**46**, to **2/3**, 19**56**, that I last saw the deceased alive on **2/3**, 19**26**, and that death occurred at **550 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Barney W. Daniel MD.</b>	23b. ADDRESS <b>6508 W. Florissant St.</b>	23c. DATE SIGNED <b>2/20/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>2/22/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>
		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>

DATE REC'D BY LOCAL REG. <b>2-20-56</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Doubernd</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Buchholz Mortuary</b> ADDRESS <b>5967W. Florissant.</b>
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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 *W. J. Buckley*.....

Licensed Embalmer No. *450*.....

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.