

Health, Welfare, Public Service

300 1-56

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 30 1956

STANDARD CERTIFICATE OF DEATH

39269

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10012

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>ST. LOUIS</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>FIRMIN DESLOGE</i>		Length of stay in lb <i>24 DAYS</i>		d. STREET ADDRESS (If outside, give location) <i>320 E. RIPA</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>SISTER MARY ALFRED BUNDSCHUH</i>				4. DATE OF DEATH <i>OCT. 30 1956</i>			
5. SEX <i>FEMALE</i>		6. COLOR OR RACE <i>WHITE</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>MAR. 15 1894</i>	
9. AGE (In years last birthday) <i>62</i>		10. KIND OF BUSINESS OR INDUSTRY <i>TEACHER</i>		11. BIRTHPLACE (City and state or country) <i>TEXAS</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>TEACHER</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>NOTRE DAME SCHOOL</i>			
13. FATHER'S NAME <i>JOSEPH BUNDSCHUH</i>				14. MOTHER'S MAIDEN NAME <i>CHRISTINA</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service)		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT <i>SISTER M. MELITA</i> Address <i>320 E. RIPA</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Intestinal obstruction, Chr.</i> <i>Peritoneal Carcinomatosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>peritoneal Carcinomatosis.</i> <i>Carcinoma of ovary</i> DUE TO (c) <i>Carcinoma of ovary</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH <i>9 mos</i> <i>6 mo.</i> <i>2 yrs</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <i>9:05</i> Month <i>Mar.</i> Day <i>1956</i> Year			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Mar. 1956</i>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <i>10-30-56</i>		20g. COUNTY <i>10-30-56</i>		20h. STATE
21. I attended the deceased from <i>March 1956</i> to <i>Oct. 30</i> , and last saw her <i>alive</i> on <i>Oct. 30, 1956</i> . Death occurred at <i>9:05 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Charles S. Shenon</i> (Degree or title) <i>9th. D. M. D.</i>				22b. ADDRESS <i>3720 Washington</i>		22c. DATE SIGNED <i>11-2-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Nov. 2 1956</i>		23c. NAME OF CEMETERY OR CREMATORY <i>MOTHERHOUSE</i>		23d. LOCATION (City, town, or county) (State) <i>320 E. RIPA ST. LOUIS Mo.</i>	
24. FUNERAL DIRECTOR <i>Thomas Kutz 2906 Harris</i>				25. DATE RECD. BY LOCAL REG. <i>NOV 2 1956</i>		26. REGISTRAR'S SIGNATURE <i>Charles Smith mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

ms

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *James E. Hill*

Licensed Embalmer No. *434*

P. O. Address... *2906 E*

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.