Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-019540
STATE FILE NUMBER

FILED JUN 13 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis 4 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Little Sisters of the Poor 2 — Length of stay in 1b: 3 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis, Mo. — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 22 3/0 1814 S Broadway — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Jacob — Middle: — Last: Bunyoff

4. DATE OF DEATH: Month: June — Day: 9 — Year: 1958

5. SEX: M 0

6. COLOR OR RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH: Nov. 15, 1870

9. AGE (In years last birthday): 87 — 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): retired

10b. KIND OF BUSINESS OR INDUSTRY: Butcher

11. BIRTHPLACE (City and state or country): Hungaria 8

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Lasislas Bunyoff

13b. MOTHER'S MAIDEN NAME: Anna Stadtfeld

14. NAME OF HUSBAND OR WIFE: Catherine Bosch

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.: 490-18-1951

17. INFORMANT: Sister Marie Jean, Supr. — Address: 3400 S. Grand

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Dis — INTERVAL BETWEEN ONSET AND DEATH: Yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Gen. Arteriosclerosis — Yrs
DUE TO (c): — Yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION St. Louis, Mo — COUNTY — STATE

21. I attended the deceased from Jan 1958, to 6/9/58 and last saw him alive on 6/7/58. Death occurred at 8:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.

22b. ADDRESS: 8059 Watson Rd

22c. DATE SIGNED: 6/9/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6/11/58

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: WACKER-HEIDERLE — ADDRESS: 3634 Gravois

25. DATE RECD. BY LOCAL REG.: JUN 10 '58

26. REGISTRAR'S SIGNATURE: [signature] MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Felix J. Krispin

Licensed Embalmer No. 3497

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.