

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008393

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2756

FILED MAR 14 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
~~XXXXXX~~ City of St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b
St. Louis Mo. 13 DAYS

c. CITY OR TOWN St. Louis Mo. Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge St. Louis University Groups Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 3006 Kossuth Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Henry G. Bunda 3-6-63

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-1-73 9. AGE (last birthday) 89 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker 10b. KIND OF BUSINESS OR INDUSTRY Furniture 11. BIRTHPLACE (City and state or country) Jefferson County, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME (Bunda, Heinrich) 13b. MOTHER'S MAIDEN NAME (Ulson, Anna Marie) 14. NAME OF SPOUSE OR WIFE Rose Dealf Bunda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No 16. SOCIAL SECURITY NO. 4200 17. INFORMANT Address Catherine Gmerek, 3006 Kossuth

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY.)
 IMMEDIATE CAUSE (a) Arteriosclerotic heart disease - congestive failure
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) failure
 DUE TO (c) pneumonia

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

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 7:20 PM

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 COUNTY STATE

21. I attended the deceased from Feb. 1962 to March 6 and last saw her alive on March 6, 1962
 Death occurred at 7:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree, or title) Norris W. Smith MD 22b. ADDRESS St. Louis Mo 22c. DATE SIGNED 3/7/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3/9/63 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) St. Louis Missouri

24. FUNERAL DIRECTOR ADDRESS BUCHHOLZ MORTUARY, INC. 5967 W. Florissant 25. DATE RECD. BY LOCAL REG. MAR 9 1963 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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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

Ralph E. Linder

Licensed Embalmer No.

4225

P. O. Address

St. Louis, Mo.

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.