

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8534**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 10 Days	c. CITY OR TOWN Bonne Terre, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 308 N. Allen St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Louis Middle Theodore Last Bunte	4. DATE OF DEATH Month August Day 29, Year 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/31/1899	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months 11 Days 29	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian	10b. KIND OF BUSINESS OR INDUSTRY School Custodian	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Theodore Louis Bunte	13b. MOTHER'S MAIDEN NAME Louise Jacobi	14. NAME OF HUSBAND OR WIFE Bessie Lee Bunte
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-12-3836	17. INFORMANT Mrs. Bessie L. Bunte, Bonne Terre, Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (Pulmonary Infarct) (Coronary Thrombosis) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4201 DUE TO (c) 	INTERVAL BETWEEN ONSET AND DEATH
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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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **August 19, 1960** to **Aug. 29** and last saw her/him alive on **Aug. 29, 1960**
 Death occurred at **Lutheran Hosp. St. L.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank G. Sengule M.D. (Degree or title)	22b. ADDRESS 6500 Chippewa St.	22c. DATE SIGNED 8/30/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/1/1960	23c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cemetery	23d. LOCATION (City, town, or county) Bonne Terre, Missouri (State)
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24. FUNERAL DIRECTOR Sparks Funeral Home Bonne Terre, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. AUG 31 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS APR 11 1988

STATEMENT BY LICENSED EMBALMER ..

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clement Sparks

Licensed Embalmer No. 428

P. O. Address Bonnie Lear

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.