MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

JUL 9 1928

1. PLACE OF DEATH
County St. Louis — Registration District No. 785 — File No. 18292
Township — Primary Registration District No. 3037 — Registered No. 127
City Kirkwood Mo (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Fanny Unterberg
(a) Residence. No. 27 S. Moreland St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Israel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2, 1856

7. AGE: 72 YEARS — MONTHS: 3 — DAYS: 26 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 49
(c) Name of employer: 95

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

PARENTS
10. NAME OF FATHER: Zacharia Catlin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Austria
12. MAIDEN NAME OF MOTHER: ~~Fanny Catlin~~ Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Austria

14. INFORMANT: Dr. H. Unterberg
(Address) Kirkwood Mo

15. FILED 6/10, 1928 C. A. Burnett MD REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1927, to May 28, 1928, that I last saw her alive on May 26, 1928, and that death occurred, on the date stated above, at 1.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Lung. (
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Myocarditis
(duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Physical Diagnosis
(Signed) W P Elmer, M.D.
5/28, 1928 (Address) 618 University Club Bld

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Sinai — DATE OF BURIAL: 5/30 1928

20. UNDERTAKER: Mayer — ADDRESS: 4356 Lindell

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

8