

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

Do not use this space.

16006

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. 3538 Arsenal Street)

File No.

Registered No. 4480

St. Ward)

2. FULL NAME Bernard Untersinger

(a) Residence. No. 3538 Arsenal Street St. 16 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (in the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Untersinger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 20th, 1854

| | | | | |
|--------|-------|--------|-----|--|
| 7. AGE | YEARS | MONTHS | DAY | IF LESS than 1 day, hrs. or min. |
| | 76 | 7 | 21 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Tailor (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Alsace Lorraine
(STATE OR COUNTRY)

10. NAME OF FATHER (Unknown) Untersinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine

14. INFORMANT Katherine Untersinger
(Address) 3538 Arsenal Street

15. FILED APR 13 1931 Reg. C. Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11th 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 6, 1931, to Apr 11, 1931, that I last saw h. l. m. alive on Apr 11, 1931, and that death occurred, on the date stated above at 6:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108
Lobar Pneumonia
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) 108
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. P. Upshaw, M. D.

Apr 13, 1931 (Address) 1315 So Grand

*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 SS. Peter & Paul DATE OF BURIAL Apr. 14, 1931

20. UNDERTAKER Whick Bros ADDRESS 2201 S. Grand

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.

3115 D. H. H. H.
1-3 P. M.