

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

Do not use this space.

37862

**1. PLACE OF DEATH**

County St Louis  
Township Central  
City Perryville Mo

Registration District No. 1170  
Secondary Registration District No. 62484

File No. ....  
Registered No. 235 Ward

**2. FULL NAME**

Velma Inaue Unteriner  
(a) Residence, No. 1127 St Joseph St Perryville Mo 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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 6, 1932</u>					
7. AGE YEARS		MONTHS		DAYS	
<u>1</u>		<u>3</u>		<u>16</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perryville Missouri</u>					
13. NAME <u>Herman Unteriner</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown Missouri</u>					
15. MAIDEN NAME <u>Glady's Nager</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perryville Missouri</u>					
17. INFORMANT <u>Herman Unteriner</u> (ADDRESS) <u>1127 St Joseph St Perryville</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Perryville Mo</u> DATE <u>11-24</u> 19 <u>33</u>					
19. UNDERTAKER <u>Frederick Mortuaries</u> (ADDRESS) <u>4207 Manchester Ave</u>					
20. FILED <u>11/22</u> 19 <u>33</u> <u>Gertrude Porter</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1933 to Nov 22 1933  
I last saw her alive on Nov 21 1933 Death is said to have occurred on the date stated above, at 12:15 a.m.  
The principal cause of death and related causes of importance were as follows:  
encephalitis  
Date of onset Nov 12

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) Julius H. Brady M. D.  
(Address) 1447 Union Ave

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.

