

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

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

12179

Do not use this space.

1. PLACE OF DEATH

(a) County..... St. Francois 3 Registration District No. 773
(b) Township St. Francois 1 Primary Registration District No. 6018A
(c) City Near Farmington or (d) Street No. State Hospital No. 4 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 49

2. PRINT FULL NAME 536 CHARLES UNDERSTOCK

(a) Residence, No. Flat River, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Un.		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	Un.	Un.	Un.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Un.			
	9. Industry or business in which work was done, as 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) Un.				
FATHER	13. NAME M. Understock			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un.			
MOTHER	15. MAIDEN NAME Un.			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un.			
17. INFORMANT <u>Records of State Hospital No. 4</u> (ADDRESS) <u>Farmington, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Funeral Park</u> DATE <u>March 22</u> 19 <u>39</u> <u>St. Louis, Mo.</u>				
19. FUNERAL DIRECTOR (NAME) <u>W. A. Caldwell,</u> (ADDRESS) <u>Flat River, Mo.</u>				
20. FILED <u>Feb 19</u> 19 <u>39</u> <u>V. J. Robinson</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-23-38 1938, to 3-19 1939

I last saw h. im. alive on 3-19 1939. Death is said to have occurred on the date stated above, at 5:35 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardosis secundary to valvular insufficiency
Date of onset 1936?
Demencia precoc 1927?

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis Phys. Ex. Aut. Was there an autopsy? Yes.

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? **No**

If so, specify.....

(Signed) W. J. Delbrady MD, M. D.

(Address) State Hospital, Farmington, Mo.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. A. Caldwell

Licensed Embalmer No. 3317

P. O. Address Flat River 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 this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

12/17/99

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6018 A Registered No. 49
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

535 Charles Understock (Undermstock)
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17th 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 1 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) Festus, Mo.

13. NAME Omar Understock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herrmann, Mo.

15. MAIDEN NAME Joseph R. Riedel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Iowa

17. INFORMANT (ADDRESS) Emma Understock St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 514 1939 E. J. Roberson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 19 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:

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) Paul J. Schaefer, M. D.
 (Address) Farrington Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every year or month should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

PRELIMINARY

