

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43433**

Registration District No. **659**

Primary Registration District No. **5826**

Registrar's No. **82**

1. PLACE OF DEATH:

(a) County **Perry**
(b) City or town **Rural** **Cinque Homme**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **57-4-11** (Specify whether years, months or days) **2**

3. (a) PRINT FULL NAME **Julia Untorreiner**

3. (b) If veteran, name war
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Gottfred B. Untorreiner** 6. (c) Age of husband or wife if **60** years
7. Birth date of deceased **Aug. 3 1883** (Month) (Day) (Year)

8. AGE: Years **57** Months **4** Days **11** If less than one day hr. min.

9. Birthplace **Perry Co. Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

MOTHER FATHER { 12. Name **Anton Kirn**
13. Birthplace **Perry Co. Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Sarah E. Schnurbush**
15. Birthplace **Perry Co. Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Gottfred Untorreiner**
(b) Address **Beihle R. F. D.**

17. (a) **Burial** (b) Date thereof **Dec. 17 1940** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Beihle Mo.**

18. (a) Signature of funeral director **Young & Sons**

(b) Address **Perryville Mo.**

19. (a) **Dec. 16-1940** (b) **Martin Mueckel** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **14** year **1940** hour **2** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Nov. 1** 1940, to **Dec. 14** 1940;
that I last saw him alive on **Dec. 9** 1940 and that death occurred on the date and hour stated above.

Immediate cause of death **General Asbestos Fibropneumopathy, Pneumonia**
Due to **Pulmonary Tuberculosis**
Due to **15 yrs.**

Other conditions. (Include pregnancy within 3 months of death) **27**

Major findings: Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
594 (Specify type of place) While at work? (e) Means of injury.

23. Signature **Geo. A. Blay Bell** (M. D. or other)
Address **Perryville Mo.** Date signed **12-16-1940**

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 _____

Licensed Embalmer No. 2135

P. O. Address Cornville me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.