. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19108

Registration District No. 784 Primary Registration District No. 106 Registrar's No. 1285

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ozark Nurseing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 wks. (Specify whether
In this community 19 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No. 919 Dammert
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME John Untneker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white 1

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Katherine Untneker

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 4, 1874
(Month) (Day) (Year)

8. AGE: Years 68 | Months | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) Hungary 8 (State or foreign country)

10. Usual occupation laborer

11. Industry or business unemployed

FATHER
12. Name John Untneker
13. Birthplace (City, town, or county) Hungary 8 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Hungary 8 (State or foreign country)

16. (a) Informant Katherine Untneker
(b) Address 919 Dammert

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 11-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 744 Lemay Ferry Rd.

19. (a) JUN 11 1942 (Date received local registrar) (b) E. G. McGowan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1942 hour 5 minute 45 A M.

21. I hereby certify that I attended the deceased from April 25th, 1942, to June 9, 1942
that I last saw him alive on June 8th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis

Due to 83a1

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Uncertain

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Clara M Gebert (M. D. or other) MD
Address Valley Park, Mo Date signed 6/10/42

707 (Licensed Embalmer's Statement on Reverse Side)

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. ~~[illegible]~~

working under my personal supervision.

Signed Alvin E. Fendler

Licensed Embalmer No. 4148

P. O. Address Lusby Wyo

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, fact should be so stated above.