

3. No. 2
M-2.43
5-17-39
1 X35997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20105

State File No.

Registrar's No.

5809

FILED JUL 3 1943 318

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Unnerstall, William Casper

3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-18-5138.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. October 20th, 1899.
(Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Saint Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business _____

12. Name Martin Unnerstall

13. Birthplace Unknown Missouri. 0
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Lewis

15. Birthplace Unknown Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Martin Unnerstall

(b) Address 5528 Wabada Ave.

17. (a) Burial (b) Date thereof June 26, 43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pairview Cemetery, Grubville, Missouri.

18. (a) Signature of funeral director Ziegenhain Bros.

(b) Address 6409 Gravois Ave.

19. (a) JUN 25 1943 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 0001
(c) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No. 5528 Wabada Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24
year 43 hour 4:45 minute _____ A.M.

21. I hereby certify that I attended the deceased from 3-29, 1943 to 6-24, 1943

that I last saw him alive on 6-24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive G-V Disease Duration ?

Due to _____

Due to 108

Other conditions Hypertrophy of Ht - Chron
(Include pregnancy within 3 months of death)

Major findings: Valvular Disease - Aortic Stenosis
Of operations: lobar Pneumonia - Rt Base

Empyema - Rt pleural space

Of autopsy Nephrosclerosis
Some as Above

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? _____

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

23. Signature Wm C. Brackman (M. D. certifier)

Address 1325 S. Grand Date signed 6-24-43

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

00
17
9

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 *Judith W. Freyenstein*

Licensed Embalmer No. *2270*

P. O. Address *6409 Gravois*

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.