

FILED SEP 1 1945 318

Primary Registration District No. 1003

Registrar's No. 7477

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5240 A Louisiana Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 25 Years In St. Louis (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street 5240 A Louisiana Ave. /
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME SARKIS K. UNES

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nades Unes 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased About 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 61 hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business Brown Shoe Co.

12. Name Kyre Unes
13. Birthplace Syria (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Syria (City, town, or county) (State or foreign country)

16. (a) Informant Nades Unes
(b) Address 5240 A Louisiana Ave.

17. (a) Burial (b) Date thereof Aug 29/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation PEORIA ILLS.

18. (a) Signature of funeral director J. F. Brudeck
(b) Address 2906 Gravois Ave.

19. (a) AUG 29 1945 (Date received by Registrar) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27
year 1945 hour 7 00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 11/25, 1944, to 1/5, 1945;
that I last saw him alive on 1/5, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pancreatic Carcinoma
Due to _____
Due to _____
Other conditions none 51

Major findings: Adeno carcinoma Pancreas
Of operations _____
Of autopsy none

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?
Write at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Adelma Schlenker (M. D. or other) 1/28/46
Address 3515 S. Grand Date signed _____

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

MOTHER FATHER

Placed in
6512
3/21/2011

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Brown

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.