V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26157

FILED AUG 8 1947 318

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 7165

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 3733 Connecticut St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3733 Connecticut Street 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Edward Unwin
3. (b) If veteran, name war No
3. (c) Social Security No. 488-03-5528
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Laura E.
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased December 19th, 1879 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	7	11	hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Real Estate Business
11. Industry or business own
MOTHER FATHER
12. Name Edward Unwin
13. Birthplace ..... (City, town, or county) England (State or foreign country) 4
14. Maiden name Mary Morgan
15. Birthplace ..... (City, town, or county) Wales (State or foreign country) 4
16. (a) Informant Laura E. Unwin
(b) Address 3733 Connecticut, St. Louis, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director Wacker-Helderle U.&R.Co.
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) AUG 1 1947 (Date received local registrar) (b) J. J. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th year 1947 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 18, 1947, to July 30, 1947; that I last saw him alive on July 30, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Osteomyelitis with decompensation	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 0
While at work? ..... (e) Means of injury .....
23. Signature Nancy A Reid (M. D. or other) MD
Address 3641a S Kingshighway Date signed 8/1/47

Jefferson City Printing Co.

(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.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2648

P. O. Address.....

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.