

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35705**  
Registrar's No. **9535**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Perryville</b> <b>0791</b>	
c. LENGTH OF STAY (In this place) <b>61 days</b>		d. STREET ADDRESS (If rural, give location) <b>602 S. Main Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnard Free Skin &amp; Cancer Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Unnerstall</b> c. (Last) <b>Unnerstall</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 27 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 13, 1875</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Frank Unnerstall</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Vollmer</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Unnerstall</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>344-01-0543</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hospital Record - St. Louis, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Post op. death after st. radical neck dissection.</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cancer of right tonsillar fossa</b>		
19a. DATE OF OPERATION <b>10/26/51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Bulbar right cervicofacial jugalodigestive lymph nodes.</b>	

20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP COUNTY STATE
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>145X</b>

22. I hereby certify that I attended the deceased from **8-27, 1951**, to **10-27, 1951**, that I last saw the deceased alive on **10/27, 1951**, and that death occurred at **7<sup>th</sup> A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William J. Hatch M.D.</b>		23b. ADDRESS <b>Barnard Hospital - St. Louis, Mo.</b>		23c. DATE SIGNED <b>10-27-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-27-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>	
24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>OCT 29 1951</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....

W. W. Wilkins

Signed.....  
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

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.