

FILED AUG 2 - 1954

STANDARD CERTIFICATE OF DEATH

25364
State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6611**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) **30 yrs**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **5241 Emerson Avenue** e. STREET ADDRESS (If rural, give location) **5241 Emerson Avenue** **2079**

3. NAME OF DECEASED (Type or Print) a. (First) **Aloisia (Louise)** b. (Middle) _____ c. (Last) **Untneker** 4. DATE OF DEATH (Month) (Day) (Year) **7 - 15 - 1954**

5. SEX **Fem** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED? **Widowed** 8. DATE OF BIRTH **6 - 1 - 1877** 9. AGE (In years last birthday) **77** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At home** 11. BIRTHPLACE (City and State or Foreign Country) **Schoenberg, Austria** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **unknown Gottlicher** 13b. MOTHER'S MAIDEN NAME **unknown** 14. NAME OF HUSBAND OR WIFE **Stefan Untneker**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Miss Bess Untneker** ADDRESS **5241 Emerson Ave**

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic Heart Disease** MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH **10 years**
ANTECEDENT CAUSES **Arteriosclerosis, Generalized** DUE TO (b) **10-15 "**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **Adeno carcinoma of Stomach; metastatic of Liver** **2 years**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **May 31, 1950**, to **July 15, 1954**, that I last saw the deceased alive on **July 15, 1954**, and that death occurred at **2 P** m., from the causes and on the date stated above.

23a. SIGNATURE **Frank J. Mangano** (Degree or title) _____ 23b. ADDRESS **1695 S. Brentwood** 23c. DATE SIGNED **7-16-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7/19/54** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **JUL 19 1954** REGISTRAR'S SIGNATURE **J. Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Drehmann-Harral** ADDRESS **1905 Union Blvd.**

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

Dr. Frank J. Mangano
1617SBrentwood

Fr1. 2-6
Sat. 1-4

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, Student Embalmer No.

working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed *Warren A. Carver*

Licensed Embalmer No. *956*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.