

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42719

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11180**

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) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2546 Sullivan Ave		e. STREET ADDRESS (If rural, give location) 20 2546 Sullivan Ave			
3. NAME OF DECEASED (Type or Print) a. (First) MARTIN		b. (Middle)		c. (Last) UNNERSTALL	
4. DATE OF DEATH (Month) (Day) (Year) 12-20-1955		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8-30-1870		9. AGE (In years last birthday) 85 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) Retired		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Kasper Unnerstall		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Elizabeth Unnerstall		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Elizabeth Unnerstall		ADDRESS 2546 Sullivan Ave			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cardiac Infarction		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Infarction		INTERVAL BETWEEN ONSET AND DEATH 3 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gangrene left foot			
		DUE TO (c) Diabetes Mellitus			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 260 X		19a. DATE OF OPERATION 12-7-55		19b. MAJOR FINDINGS OF OPERATION Gangrene left foot Amputation ankle	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?		22. I hereby certify that I attended the deceased from 11-1-1955 to 12-20-1955 , that I last saw the deceased alive on 12-20-1955 , and that death occurred at 1:40 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm. A. Knight M.D.		23b. ADDRESS 6201 N. Broadway		23c. DATE SIGNED 12-21-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-23-1955		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	
24d. LOCATION (City, town, or county) (State) Grubville Mo Mo		25. FUNERAL DIRECTOR'S SIGNATURE J. Carl Smith		ADDRESS 6409 Gravois Ave	
DATE REC'D BY LOCAL REG. DEC 21 1955		25. FUNERAL DIRECTOR'S SIGNATURE J. Carl Smith			

(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
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Van M. Lyons

Licensed Embalmer No.....*4*

P. O. Address.....*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.