

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7002**

FILED FEB 26 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **542** Registrar's No. **29**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo**
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **Richmond Heights**

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 **St. Mary's Hospital**

e. STREET ADDRESS (If rural, give location)
26 3514th Blair Ave

3. NAME OF DECEASED
a. (First) **Harry** b. (Middle) **H** c. (Last) **Unland**

4. DATE OF DEATH (Month) (Day) (Year)
1-9-1957

5. SEX **M**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH **11-3-1893**

9. AGE (In years last birthday) **63**
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)
Chemical Worker

10b. KIND OF BUSINESS OR INDUSTRY
Mallinckrodt Chem Wks

11. BIRTHPLACE (City and State or Foreign Country)
St. Louis Mo

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13a. FATHER'S NAME
Casper Unland

13b. MOTHER'S MAIDEN NAME
Josephine Busch

14. NAME OF HUSBAND OR WIFE
Clara Unland

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.
488-09-7435

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Clara Unland - 3514th Blair

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary occlusion**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Hypertensive Cardiac Disease**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Hypertrophy of myocardium**

INTERVAL BETWEEN ONSET AND DEATH
1 hr.
6 yr.
2 hr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4201

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?

22. I hereby certify that I attended the deceased from **11/15**, 19**54**, to **1/9**, 19**57**, that I last saw the deceased alive on **1/9**, 19**57**, and that death occurred at **11:57** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
H. T. D. Roylock MD

23b. ADDRESS
1415 Salisbury St. Jannin

23c. DATE SIGNED
1/11/57

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
1-12-1957

24c. NAME OF CEMETERY OR CREMATORY
St. Peter + Paul Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis Mo

DATE REC'D BY LOCAL REG.
1-11-57

REGISTRAR'S SIGNATURE
Herbert B. Donle MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Edw Koch + Son - 3516 W. 14th

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4800

P. O. Address Richmond, Va.

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.