

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-042952

State File No.

FILED VS DEC 3 1959

BIRTH NO.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 2918

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) RIVERVIEW		c. CITY OR TOWN RIVERVIEW	
c. LENGTH OF STAY (in hospital or institution) 2 YRS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 439 ADRIAN DR.		e. STREET ADDRESS (If rural, give location) 439 ADRIAN DR.	
3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) Untnecker c. (Last) Untnecker		4. DATE OF DEATH (Month) (Day) (Year) 11 3 59	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10-28-1902
9. AGE (In years) (last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR	11. BIRTHPLACE (City and State or Foreign Country) AUSTRIA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR		12. CITIZEN OF WHAT COUNTRY? AUSTRIA	
13a. FATHER'S NAME ALOUIS UNTNECKER		13b. MOTHER'S MAIDEN NAME ELIZABETH SCHMANN	
14. NAME OF HUSBAND OR WIFE		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. _____		17. INFORMANT'S SIGNATURE OR NAME JOSEPH UNTNECKER ADDRESS 439 ADRIAN DR.	
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) Squamous Cell Carcinoma of tongue ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) 1419		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
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 3-23, 1958 , to 7-22, 1959 , that I last saw the deceased alive on 7/22, 1959 , and that death occurred at 6:03 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE John C. Murphy (Date of title) 11-3-59		23b. ADDRESS 6015 Brentwood, Clayton, Mo	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 11-6-59		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PK	
24d. LOCATION (City, town, or county) (State) ST LOUIS Co. MO		25. FUNERAL DIRECTOR'S SIGNATURE DIEDRICH ADDRESS 8319 HALLSFERRY	
DATE REC'D BY LOCAL REG 11-3-59		REGISTRAR'S SIGNATURE John C. Murphy	

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.....

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.