

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017347

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4562**

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 10 1962

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis-Little Rock Hospitals, Inc.** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **6716 Clayton Ave.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **JOSEPH** Middle **JOHN** Last **UNIS** 4. DATE OF DEATH Month **May** Day **2** Year **1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **3-25-1895** 9. AGE (last birthday) **67** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Pens. Mang. Mail & Bagg. Dept.** 10b. KIND OF BUSINESS OR INDUSTRY **Railroad** 11. BIRTHPLACE (City and state or country) **SYRIA** 12. CITIZEN OF WHAT COUNTRY **UNKNOWN**

13a. FATHER'S NAME **JOSEPH UNIS** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **AMPARO UNIS**

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. \_\_\_\_\_ 17. INFORMANT **AMPARO UNIS** Address **6716 CLAYTON**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Coronary Arteriosclerosis** INTERVAL BETWEEN ONSET AND DEATH **48 hr**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) **420.1**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_ PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from **April 22, 1962** to **May 3, 1962** and last saw him live on **May 2, 1962**  
 Death occurred at **1:45 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Print name and title) \_\_\_\_\_ 22b. ADDRESS **1755 So. Grand Blvd.** 22c. DATE SIGNED **5-3-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **MAY 5 1962** 23c. NAME OF CEMETERY OR CREMATORY **SUNSET BURIAL PK** 23d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**

24. FUNERAL DIRECTOR **Kutis Funeral Home, St. Louis, Mo.** ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. **MAY 4 1962** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

VS 300 Rev. 4/59

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2 **204**  
3  
4 **0**  
5 **1**  
6  
7 **2**  
8 **2**  
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12 **1269-0**  
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

69



**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 J. G. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Travis

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.