

DEC 20 1935

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

42081

## 1. PLACE OF DEATH

 County St. Louis  
 Township Central  
 City St. Louis, Mo. (No. St. Mary's Hosp.)

 Registration District No. 1170  
 Primary Registration District No. 62484

 File No. ....  
 Registered No. 238 .....  
 St. .... Ward)

## 2. FULL NAME

Joseph Unterberger  
1511 Carr Lane

(a) Residence, No. .... St., .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stella Cox.</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 22, 1876</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>59</u>		<u>7</u>	<u>11</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Restaurant Merchant</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....			
	10. Date deceased last worked at this occupation (month and year) .....		11. Total time (years) spent in this occupation .....	

12. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.  
(STATE OR COUNTRY)13. NAME Moritz Unterberger14. BIRTHPLACE (CITY OR TOWN) Austria  
(STATE OR COUNTRY)15. MAIDEN NAME Johanna Berman16. BIRTHPLACE (CITY OR TOWN) Austria  
(STATE OR COUNTRY)17. INFORMANT Ernest Unterberger  
(ADDRESS) Highway Hotel18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Olive (Jewish) DATE 12/4/35 19...19. UNDERTAKER Wayer  
(ADDRESS) 4556 Lindell Blvd20. FILED 12/4 1935 Gertrude Porter (Address) .....  
Registrar. M. D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/3/35, 193522. I HEREBY CERTIFY, that I attended deceased from  
Nov. 17 1935, to Dec 3 1935I last saw him/her alive on Dec 3 1935. Death is saidto have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism Date of onset

Other contributory causes of importance:

Hemiplegia - - R. Infarct  
DiabetesName of operation Hemithorax Date of 11/20/35What test confirmed diagnosis? ..... Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....Where did injury occur? .....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) .....(Address) .....

