

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

34291
Do not use this space.

NOV 16 1938

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. 3538 Arsenal St. St. 791
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 526 Katherine Untersinger

(a) Residence, No. 3538 Arsenal St. St. 16
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernard Untersinger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19, 1860
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
78 2 4
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Millstead Illinois

FATHER 13. NAME John Olinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Catherine Schintzers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville Illinois

17. INFORMANT Mary Untersinger
 (ADDRESS) 3538 Arsenal St. St. Louis

18. BURIAL, CREMATION, OR REMOVAL S. Peter & Paul Cm. 10/27/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Weick Bros Und. Co. 2201 S. Grand Bl.

20. FILED OCT 26 1938 J. F. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1938, to Oct 23, 1938
 I last saw her alive on Oct 23, 1938. Death is said to have occurred on the date stated above, at 6:55 P.M.
 The principal cause of death and related causes of importance were as follows:

shock due to cerebral hemorrhage
hypertension
 Date of onset 10/18/38
 Other contributory causes of importance:
arteriosclerosis
diabetes
2
8/19/38

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. 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? no
 If so, specify.....
 (Signed) Edith E. Orman, M. D.
 (Address) 2924 S. Grand Bl.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

292 S. Howard St. B.C.

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

Registered Apprentice No., working under my personal supervision.

Signed Nancy A. Stewart

Licensed Embalmer No. 5772

P. O. Address 472 Duval St. N.W.

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 this body is not embalmed, above space should be left blank.