

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.

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41687

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 10810

1. PLACE OF DEATH: **1003** JAN 12 1940
(a) County _____
(b) City or town **ST. LOUIS MO.**
(c) Name of hospital or institution: **3424 LUCAS AVE.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **28 YEARS**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **JOSEPHINE UNZEITIG 523**
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**
6. (b) Name of husband or wife **FRANK UNZEITIG** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **FEB. 15, 1888**
(Month) (Day) (Year)

8. AGE: Years **51** Months **10** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **NEBRASKA**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

12. Name **PATRICK BAGLEY**
18. Birthplace **NEBRASKA**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**
15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Lloyd D Jackson**
(b) Address **5015 CLAXTON AVE.**

17. (a) **BURIAL** (b) Date thereof **12-19-39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **OAK GROVE CEMETERY**

18. (a) Signature of funeral director **Arthur J. Dornmell**
(b) Address **3840 LINDELL BLVD.**

19. (a) **DEC 18 1939** (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO.** (b) County _____
(c) City or town **ST. LOUIS** **21**
(If outside city or town limits, write "RURAL")
(d) Street No. **3424 LUCAS AVE.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **17**, year **1939** hour **5** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **10-13-36**, 19____, to **12-17**, 19____, that I last saw him alive on **12-15**, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocarditis** **6 mo.**
Due to _____
Due to _____
Other conditions: **Diabetes - General** **years**
(Include pregnancy within 5 months of death)

Major findings: **Had carcinoma of left breast, g. - OCT 1936, but remained well.**
Of operation _____
Of autopsy **no.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____
28. Signature **Charles H. Henry** (M. D. or other) **no**
Address **3720 Washington** Date signed **12/17/39**

3720 Washington Ave
3-5 PM

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Bl

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.