

S. No. 2
FORM-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

File No. **30150**

FILED OCT 2 - 1943

State File No. _____

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **8548**

1. PLACE OF DEATH:

(a) County _____

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 22 Years

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5066 Northland
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

6-17
6-9

3. (a) PRINT FULL NAME Rosa Unverferth

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 28 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 5 27 hr. min.

9. Birthplace Perry Co Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Blechle

13. Birthplace Perry Co Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Unterreiner

15. Birthplace Perry Co Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Wilfred Unverferth

(b) Address 5066 Northland

17. (a) Burial (b) Date thereof 9/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Mo.

18. (a) Signature of funeral director Alexander & Son

(b) Address 6175 Delmar

19. (a) SEP 27 1943 (Date received local registry)
J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1943 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from May 13, 1943, to Sept 25, 1943, that I last saw him alive on Sept 25, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death General debilities from ear, nose and throat.

Duration _____

Due to _____

Due to 50

Other conditions (Include pregnancy within 5 months of death) _____

Major findings: May 13 43

Of operations: Carcinoma of left breast with auxiliary & radical mastectomy.

General debilities.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(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 _____

Signature Frederick W. Bradley (M. D. or other)
Address 634 W. 2nd Date signed 9/27/43

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Thomas R. Fenwick

Licensed Embalmer No.....*3793*

P. O. Address.....*St Louis Mo*

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, fact should be so stated above.