No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10774
Registrar's No. 2473

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6079

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: En route to Cty Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 0 A0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3329 (Rear) - North 11th Str. 9
(If rural, give location)
26
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Casper H. Unland
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Josephine Busch
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Apr (Month) 19 (Day) 1861 (Year)

8. AGE: Years 86 Months 10 Days 22 If less than one day hr. min.

9. Birthplace St. Louis Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Retired Contractor
11. Industry or business
FATHER
12. Name John Unland
13. Birthplace St. Louis, Mo 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Sunder
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Harry Unland
(b) Address 3929 N. 20th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Cem
18. (a) Signature of funeral director Edward Koch & Son
(b) Address 3516 N. 14th
19. (a) MAR 12 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 11th
year 1948 hour 9 minute 02a M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to
Due to 94a
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury 3
23. Signature [signature] (M.D. or other)
Address [illegible] 2 Date signed 3/12/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Ronald Yohnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.