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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15066

Registration District No. 3817 Primary Registration District No. 6076 Registrar's No. 926

1. PLACE OF DEATH:
(a) County St Louis Co.
(b) City or town ~~ST LOUIS~~ McLemoy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution MT. ST. ROSE SANITARIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 MONTHS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 60
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2859a OHIO 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME JUNE LOUISE UNWER
3. (b) If veteran, name war
3. (c) Social Security No. 494-28-0217
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced S 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 26 (Day) 1929 (Year)

8. AGE: Years 18 Months 8 Days 14 If less than one day hr. min.

9. Birthplace MISSOURI 0 (City, town, or county) (State or foreign country)
10. Usual occupation CLERK
11. Industry or business RICE STIX CO.
FATHER
12. Name GEO. UNWER
13. Birthplace ARKANSAS 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name LOUISE MUELLER
15. Birthplace MISSOURI 0 (City, town, or county) (State or foreign country)
16. (a) Informant GEORGE UNWER
(b) Address 2859a OHIO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 13, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation RESURRECTION CEM.
18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS
19. (a) 4-12-48 (Date received local registrar) (b) Cecil C. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 9
year 1948 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from 12-6, 1946 to 4-9, 1948
that I last saw her alive on 4-5-, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 22 Months
Due to
Due to 13
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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
23. Signature Paul Murphy (M. D. ~~or other~~)
Address Humboldt Bldg St Louis Mo Date signed 4-10-48

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

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 Homer C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Gravois

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.