No. 300
10.48

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14238

State File No. 3567

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Missouri
c. LENGTH OF STAY (In this place) 17 9
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1000 Washington 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Same
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 2301 S. Spring 0

3. NAME OF DECEASED (Type or Print)
a. (First) Sylvester b. (Middle) M. c. (Last) Unterreiner

4. DATE OF DEATH (Month) (Day) (Year) April 18, 1949

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH July 14th 1901
9. AGE (In years last birthday) 47 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Rice Stix
11. BIRTHPLACE (State or foreign country) Perr y County Missouri
12. CITIZEN OF WHAT COUNTRY U. S.A.

13a. FATHER'S NAME Martin Unterreiner
13b. MOTHER'S MAIDEN NAME Anna Schneier
14. NAME OF HUSBAND OR WIFE Rita C. Unterreiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT'S SIGNATURE OR NAME Rita C. Unterreiner **ADDRESS** - 2301 S. Sprin

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 5 MIN

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) CORONARY HEART DISEASE — 9 MONTHS.

DUE TO (c) NONE

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION NONE
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AUG. 28, 1948, *to* APRIL 18, 1949, *that I last saw the deceased alive on* APRIL 18, 1949, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert A. Hall, M.D. (Degree or title)
23b. ADDRESS 3902A LAFAYETTE ST. LOUIS, MO.
23c. DATE SIGNED APRIL 19, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-20-49
24c. NAME OF CEMETERY OR CREMATORY St. Mary's
24d. LOCATION (City, town, or county) (State) Perryville Mo.

DATE REC'D BY LOCAL REG. APR 20 1949
REGISTRAR'S SIGNATURE J B Fowler
25. FUNERAL DIRECTOR'S SIGNATURE F. H. Hoppe **ADDRESS** 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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~~ me

..... Student Embalmer No. .....

working under my personal supervision.

Signed Geo. W. Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

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.