

FILED AUG 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29181

State File No. _____

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>257</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> <u>09402</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Farmington</u> <u>Rural</u>)		c. LENGTH OF STAY (In this place) <u>2 1/2</u> <u>Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Perryville</u> <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #4</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u> <u>#4</u>			
3. NAME OF DECEASED a. (First) <u>Josephine</u> (Type or Print)			b. (Middle) <u>Unterreiner</u>			c. (Last) <u>Unterreiner</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 3, 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>March 10, 1866</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Month <u>4</u> Day <u>23</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Anton Unterreiner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Buchheit</u>		
14. NAME OF HUSBAND OR WIFE <u>NONE</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Henry Unterreiner, Perryville, Mo.</u>			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute Coronary Occlusion - - - - - instantaneous</u>		19. MEDICAL CERTIFICATION* Records of Hospital. INTERVAL BETWEEN ONSET AND DEATH <u>Abt. 27 yrs</u>		
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Coronary Occlusion - - - - - instantaneous</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paranoid Praecox Psychosis - - -</u>		
20. ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			DUE TO (c) <u>Unknown.</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 29, 1952</u> to <u>August 3, 1952</u> , that I last saw the deceased alive on <u>August 3, 1952</u> , and that death occurred at <u>7:05 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John A. Bremer M.D.</u>			23b. ADDRESS (Degree or title) <u>State Hospital No. 4, Farmington, Mo.</u>			23c. DATE SIGNED <u>8-4-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>August 4, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Catholic Cemetery, Schaubusch, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Aug. 4, 1952</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Bey, Perryville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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, ~~and~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3864

P. O. Address Perryville, 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.