V.S. No. 300
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XC-UNK
REG. # 106,035

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37314

BIRTH NO. ____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 600 Registrar's No. 2821

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

40000

1. PLACE OF DEATH a. COUNTY ST. LOUIS	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY Shelby
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO. c. LENGTH OF STAY (in this place) 10 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) STRASBURG 2120
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSPITAL	d. STREET ADDRESS (If rural, give location) NONE

3. NAME OF DECEASED (Type or Print)	a. (First) ARTHUR	b. (Middle) T.	c. (Last) UNRUH	4. DATE OF DEATH (Month) (Day) (Year) 11-2-52

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-21-96	9. AGE (In years last birthday) 56 — 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) TRACTOR MECHANIC	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) NEBRASKA	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME FRED UNRUH	13b. MOTHER'S MAIDEN NAME THERESA KRESIN	14. NAME OF HUSBAND OR WIFE ROSE UNRUH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: VA HOSPITAL RECORDS, JEFF. BRKS., MO.

MEDICAL CERTIFICATION

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.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) THROMBOSIS OF CEREBRAL ARTERY	1 WK.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) GENERALIZED ARTERIOSCLEROSIS	
	DUE TO (c) 332X	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	DIABETES MELLITUS	UNK.

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

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 ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that* ~~I~~ VA *attended the deceased from* 10-23, 1952, *to* 11-2, 1952, ~~XXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXXX~~ *and that death occurred at* 3:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE R A Allen (Degree or title) R. A. ALLEN, M.D.	23b. ADDRESS VET ADM HOSP., JEFF. BRKS., MO.	23c. DATE SIGNED 11-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-2-52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Strasburg, Ill.
DATE REC'D BY LOCAL REG. 11-2-52	REGISTRAR'S SIGNATURE Herbert R Domke-1782	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Albert H.Hoppe, 4700 Washington Blvd.	

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P.T.

(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 Me

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

working under my personal supervision.

Student ..... Signed Elton R. H. Remelius

Student Embalmer

Licensed Embalmer No. 4283

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.