

FILED MAR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10319
State File No. 1851

318
REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2018 Gano		d. STREET ADDRESS (If rural, give location) 2018 Gano	
3. NAME OF DECEASED a. (First) Joseph (Type or Print)		b. (Middle) -	
c. (Last) Unland		4. DATE OF DEATH (Month) (Day) (Year) 2-26-1955	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-7-1867
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 491-14-907		17. INFORMANT'S SIGNATURE OR NAME Micholina Unland-2018 Gano	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 4 Yrs.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500	
22. I hereby certify that I attended the deceased from 2-4 1955 to 2-26 1955 that I last saw the deceased alive on 2-26 1955 and that death occurred at 10:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Joseph Smith</i>		23b. ADDRESS 4114 W. Blairwood	
23c. DATE SIGNED 2/28/55		24. LOCATION (City, town, or county) (State) St. Louis, Mo	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-8-1955	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. NAME OF CEMETERY OR CREMATORY St. Louis, Mo	
DATE REC'D BY LOCAL REG. FEB 28 1955		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	
25. FEDERAL DIRECTOR'S SIGNATURE <i>Edward Robinson</i>		ADDRESS 3516 E. 14th	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4366

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.