

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24492**  
REGISTRAR'S No. **6278**

**61242-55**  
FILED **AUG 2 - 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>1</b> <b>436A. College Ave.</b> <b>CO. MO.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>St. Louis Mo.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1436 A. College Ave. 2090</b>	

3. NAME OF DECEASED (Type or Print) <b>Baby</b>	a. (First)	b. (Middle)	c. (Last) <b>Unnerstall</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 20 1955</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>child</b>	8. DATE OF BIRTH <b>July 19 1955</b>	9. AGE (In years last birthday) <b>7</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 24 HRS. Days <b>8</b>	Hours <b>15</b>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Frank Unnerstall</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jane Bremecker</b>	13c. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frank Unnerstall</b>	ADDRESS <b>1436A. College</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Birth Injury</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7600</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7-19 1955**, to **7/20 1955**, that I last saw the deceased alive on **7/20 1955**, and that death occurred at **6:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles Smith M.D.</b>	23b. ADDRESS <b>3903 Olive St. St. Louis</b>	23c. DATE SIGNED <b>7-21-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 21 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JUL 21 1955</b>	REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stock Mortuary</b>	ADDRESS <b>Grand &amp; Broadway</b>
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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 Not Embalmed Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Frank A. Morse.....

Licensed Embalmer No. 30.....

P. O. Address 2117 E. A.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.