

CERTIFICATE OF DEATH

318 Primary Registration District No. 1003 Registrar's No. 8948

VS 300  
Rev. 1/68

1. DECEASED - NAME <b>HENRY CHRISTIAN UNKAUF</b>		2. SEX <b>Male</b>		3. DATE OF DEATH (MONTH, DAY, YEAR) <b>August 23, 1968</b>	
4. RACE <b>White</b>		5. AGE (LAST BIRTHDAY) <b>79</b>		6. DATE OF BIRTH (MONTH, DAY, YEAR) <b>March 12, 1889</b>	
7. CITY, TOWN, OR LOCATION OF DEATH <b>St. Louis</b>		8. COUNTY <b>St. Louis</b>		9. COUNTY OF BIRTH <b>Mo.</b>	
10. STATE OF BIRTH (IF NOT IN U.S.A. NAME & COUNTRY) <b>Nebraska</b>		11. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED <b>Widowed</b>		12. SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) <b>Lutheran Hospital</b>	
13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF YEAR) <b>Boiler Merman</b>		14. CITY, TOWN, OR OCCASION <b>St. Louis</b>		15. INSIDE CITY LIMITS (STREET AND NUMBER) <b>1265 McLaren Ave.</b>	
16. RESIDENCE - STATE <b>Missouri</b>		17. FATHER - NAME <b>August Unkauf</b>		18. MOTHER - MARRIAGE NAME <b>Friederike Utz</b>	
19. INFORMATION - NAME <b>Edwin F. Velton</b>		20. MAILING ADDRESS <b>5809 Itaska Street, St. Louis, Mo. 63109</b>		21. DEATH WAS CAUSED BY <b>LOBAR PNEUMONIA, RIGHT LOWER LOBE</b>	
22. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)		23. MANNER OF DEATH <b>Chronic, Enphysema and Emphysema</b>		24. APPROXIMATE NUMBER OF YEARS <b>Many Years</b>	
25. OTHER SIGNIFICANT CONDITIONS: <b>Chronic Enphysema and Emphysema</b>		26. DATE OF INJURY (MONTH, DAY, YEAR) <b>Aug 23, 1968</b>		27. HOUR <b>11:00</b>	
28. PLACE OF INJURY (HOME, WORK, STREET, FACTORY, LOCATION) <b>Home</b>		29. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OF PART II, ITEM 18)		30. IF YES, WERE FINDINGS CONFIRMED IN DETERMINING CAUSE OF DEATH <b>Yes</b>	
31. PHYSICIAN WHO ISSUED THE CERTIFICATE <b>W. F. Velton</b>		32. SIGNATURE OF PHYSICIAN <i>(Signature)</i>		33. DATE SIGNED (MONTH, DAY, YEAR) <b>Aug 23, 1968</b>	
34. MAILING ADDRESS - CERTIFIER <b>2639 Miami St. St. Louis, Mo. 63118</b>		35. CITY OF TOWN <b>St. Louis, Missouri</b>		36. STATE <b>Mo.</b>	
37. BURIAL, CREMATION, REMOVAL <b>Removal</b>		38. FUNERAL HOME - NAME AND ADDRESS <b>St. John's Cemetery, St. Charles, Missouri</b>		39. DATE OF FUNERAL (MONTH, DAY, YEAR) <b>8/26/68</b>	
40. LOCAL HEALTH DEPARTMENT - SIGNATURE <i>(Signature)</i>		41. LOCAL HEALTH DEPARTMENT - NAME <b>Local Health Dept.</b>		42. DATE RECEIVED BY LOCAL REGISTRAR <b>Aug 28, 1968</b>	

DO NOT WRITE ON THIS STUB

THIS IS A CERTIFIED COPY OF AN ORIGINAL RECORD (Do not accept if rephotographed, or if seal impression cannot be felt.) I HEREBY CERTIFY THAT THIS IS AN EXACT PHOTOGRAPHIC REPRODUCTION OF THE CERTIFICATE FOR THE PERSON NAMED THEREIN AS IT NOW APPEARS IN THE PERMANENT RECORDS OF THE BUREAU OF VITAL STATISTICS, THE DIVISION OF HEALTH OF THE CITY OF ST. LOUIS. THE SEAL OF THE DIVISION OF HEALTH OF SAID DEPARTMENT THIS DATE OF **Aug 28, 1968** OFFICE MANAGER *(Signature)* City of St. Louis

PERMANENT BLACK INK Type or print in See handbook for instructions

FEE PAID \$2.00