

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3420

State File No. ....

FILED JAN 26 1952

Registrar's No. 0313

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS <u>2249</u> 28. STREET ADDRESS (If rural, give location) 1940 ARSENAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			
3. NAME OF DECEASED (Type or Print) a. (First) JOHANNA b. (Middle) c. (Last) UNKAUF		4. DATE OF DEATH (Month) (Day) (Year) JAN. 11, 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 17 1880
9. AGE (In years last birthday) 71		10. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) ST. CHARLES, MO.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME GNATZ		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE HY. C. UNKAUF			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME HY. C. UNKAUF		ADDRESS 1940 ARSENAL STR.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension &amp; Scurvy</u> DUE TO (c) 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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>337X</u>			
22. I hereby certify that I attended the deceased from <u>1-3-52</u> , 19 <u>  </u> , to <u>1-11-52</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>1-11-52</u> , 19 <u>  </u> , and that death occurred at <u>3:00 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 1-11-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL DATE JAN. 14 1952		24c. NAME OF CEMETERY OR CREMATORY ST. JOHNS EV. CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. CHARLES, MO.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 12 1952 <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEL F. H. INC. 1936 ST. LOUIS AVE	

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed Delis J. Krupin

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3497

P. O. Address 1936 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.