

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12460
Registrar's No. 2890

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH: St. Louis.
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: City Infirmery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution February 10, 1941
In this community 30yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Unger
3. (b) If veteran, name war Cannot say 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 15 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 17 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Prairie Du Rocher, Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation No Occupation

11. Industry or business X

MOTHER FATHER { 12. Name Phillip W. Unger
13. Birthplace Unknown Paskachia, Ills.
14. Maiden name Margaret Seckner
15. Birthplace Unknown Modoc Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant E. Molony
(b) Address 5800 Arsenal St.

17. (a) removal (b) Date thereof 4/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Prairie Du Rocher, Ills.

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Welmar Blvd

19. (a) APR - 2 1941 (b) Joe Bredech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo. (b) County St. Louis.
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? American, 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1, year 1941 hour 8:40 minute a. M.
21. I hereby certify that I attended the deceased from February 10, 1938 to April 1, 1941
that I last saw her alive on April 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Generalized arteriosclerosis
Due to _____
Other conditions old cerebral hemorrhage
(Include pregnancy within 3 months of death)
Major findings: Hypertensive heart disease
Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Robert S. Shank (M. D. or other) _____
Address 5800 Arsenal Date signed 4/1/41

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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Joseph E. McCulloch
Licensed Embalmer No. 2460

P. O. Address 6775 Delmar
Delmar, Delaware

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.