

FILED FEB 1 1948
Registration District No. 318

Primary Registration District No. _____
Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME ANNA UNGER

3. (b) If veteran, name war _____

3. (c) Social Security 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 June 24 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75	6	29	_____ hr. _____ min.
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9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

{ 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Winfield
(b) Address 1438 E. Grand

17. (a) Burial (b) Date thereof 1-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director H. R. ...

(b) Address 5216 Delmar Blvd

19. (a) _____ (b) J. P. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1438 E. Grand
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1945 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1/11/46
_____ 19 _____ to 1/23 19 46
that I last saw her alive on 1/23 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Head of Pancreas

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

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?
_____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Monis Alex (M. D. or other) _____

Address Jewish Hospital Date signed 1/23/46

Duration

6 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3216

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..... *A. E. Hargess*

Licensed Embalmer No..... *4029*

P. O. Address.....

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.