S. No. 2
DM—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8029

FILED MAR 13 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2029

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: Marian Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2726a Chippewa
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Unger

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Nov. (Month) 5 (Day) 1909 (Year)

8. AGE: Years 36 Months 3 Days 22 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name William Unger
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Katie Mincke
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. William Unger
(b) Address 2726a Chippewa St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/46 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wade-Heldele
(b) Address 3634 Gravois Avenue

19. (a) MAR 1 1946 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1946 hour 7 minute 30A M.

21. I hereby certify that I attended the deceased from 2-15, 1946 to 2-27, 1946 that I last saw him alive on 2-27-46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Fever — Duration

Due to Severe Gingivitis, pyorrhoea

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Herman S. Ehrenreich (M. D. or other)
Address 3306 S 13 St. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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..... Frank J. Hand

Licensed Embalmer No. 2645

P. O. Address St Hermine

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.