S. No. 2
M—9-4-41
7. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8030

State File No. 1918

Registration District No. 318

Primary Registration District No. 1003

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: Deaconess Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 7603 Forsythe N.R. 3
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Wm. Chauncey Unger

3. (b) If veteran, name war No.

3. (c) Social Security No. 488-05-0575

4. Sex M. O

5. Color or race W.

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

6. (b) Name of husband or wife Estelle Elizabeth Polland

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased February (Month) 26 (Day) 1876 (Year)

8. AGE: Years 70 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation Vice-President

11. Industry or business State Bank & Trust Co. (Wellston)

FATHER
12. Name Philip Unger
13. Birthplace Kaskaskia, Ills. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Seckner
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Wm. C. Unger, Jr.
(b) Address 7603 Forsythe, Clayton, Mo.

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 2/28-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Alexander Bros
(b) Address 6175 Delmar

19. (a) FEB 26 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1946 hour 4:00 minute A.M.

21. I hereby certify that I attended the deceased from 2/21/ 1946, to 2/26/ 1946
that I last saw him alive on 2/26/ 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of bowel — Duration 8 days

Due to Bowel obstruction due to adhesions

Due to

Other conditions (Include pregnancy within 3 months of death) 177

Major findings:
Of operations as above - 3 feet of gangrenous bowel
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 O

23. Signature [signature] (M. D. or other)
Address 3115 So Grand Blvd Date signed 2/26/46

(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 Thomas B. Fenwick

Licensed Embalmer No. 3793

P. O. Address St Louis Mo

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.