No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36348

FILED NOV 3 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9729

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

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: Pronounced dead at City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 819 Bremen Ave. 9
(If rural, give location)

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(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country -

3. (a) PRINT FULL NAME Cecil E. Unger

3. (b) If veteran, name war None

3. (c) Social Security No. 493-01-6415

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Hazel Unger

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased March 16, 1903
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	7	3	hr. min.

9. Birthplace DuQuoin Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender

11. Industry or business Tavern

FATHER
12. Name Joseph Unger
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gertrude Zion
15. Birthplace Unknown Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. McPhail
(b) Address 3949 N. 9 Street

17. (a) Burial (b) Date thereof 10/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeye r & Sons
(b) Address 3934 N. 20 Street

19. (a) OCT 20 1947 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19
year 1947 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from Sept 4, 1947 to Oct 19, 1947
that I last saw him alive on Oct 19, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	8-4-47
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 0

23. Signature Kenneth Byrne (M. D. or other) MAO
Address 3802 N. Grand St. Date signed 10-20-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Burial

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

Signed A. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 30 St

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.