

FILED JUN 27 1949

# STANDARD CERTIFICATE OF DEATH

State File No. **21800**Registrar's No. **5028**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1438 E. Grand</u>		d. STREET ADDRESS (If rural, give location) <u>9-1438 East Grand</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>W.</u> c. (Last) <u>Unger</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 9-1949</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Unknown</u>
<b>9. AGE</b> (In years last birthday) <u>abt. 88</u>	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>at home</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis, Mo.</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> _____	<b>13a. FATHER'S NAME</b> <u>Unknown</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>David J. Unger</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Dora M. Unger</u> <b>ADDRESS</b> <u>5602 Euclid</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Embolic myocardial infarction</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis</u> DUE TO (c) <u>arteriosclerosis</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> _____	
<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>St. Louis</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>H-570</u>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Jan 1, 1947</u> , to <u>Jan 9, 1949</u> , that I last saw the deceased alive on <u>Jan 9, 1949</u> , and that death occurred at <u>3:30</u> p.m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>Wm. D. Unger M.D.</u>		<b>23b. ADDRESS</b> <u>1918 9th Canal</u>	<b>23c. DATE SIGNED</b> _____
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Cremation</u>	<b>24b. DATE</b> <u>6/10/49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Valhalla Crematory</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis County, Mo.</u>
<b>DATE REC'D. BY LOCAL REG.</b> <u>JUN 9 1949</u>	<b>REGISTRAR'S SIGNATURE</b> <u>J. B. Fosater</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Herman H. Stapp</u> <b>ADDRESS</b> <u>5216 Delmar</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John Ketter*  
.....  
Licensed Embalmer No. 3880  
.....  
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.**