

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **35956**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **4053**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis Co.	
b. CITY (If outside corporate limits, write RURAL and give township) Wellston		c. CITY (If outside corporate limits, write RURAL and give township) Wellston	
c. LENGTH OF STAY (In this place) 1		d. STREET ADDRESS (If rural, give location) 1564 Wellston Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1564 Wellston Ave.,			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) UNGERER. c. (Last) UNGERER.		4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1949.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept. 14, 1870.
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	11. BIRTHPLACE (State or foreign country) Forth Wayne, Ind. /
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Geo. Ungerer		13b. MOTHER'S MAIDEN NAME Lena Hammersbock	
14. NAME OF HUSBAND OR WIFE Ida Ungerer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-18-1423	
17. INFORMANT'S SIGNATURE OR NAME Ida Ungerer		ADDRESS 1564 Wellston Ave.,	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach ANTECEDENT CAUSES Hyper. Metastases Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 2-2-49 , 1949, to 9-30-49 , 1949, that I last saw the deceased alive on 9-30 , 1949, and that death occurred 4:25 P.M. from the causes and on the date stated above.			
23a. SIGNATURE F.L. Tierney M.D. (Degree or title) U.		23b. ADDRESS 9416 Rockland	
23c. DATE SIGNED 10-1-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 3, 1949.	
24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co.	
DATE REC'D BY LOCAL REG. 10-3-49		REGISTRAR'S SIGNATURE Herbert Adams, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark		ADDRESS 1125 Hodiamont Ave.,	

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

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08-M
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Dr. T.L. Finley
9416 Lackland Ave.,
Wabash 1460.

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 *Elmo R. Padgett*

Licensed Embalmer No. 4077

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.