

FILED SEP 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32220

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>3177</u>				
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give town.) <u>Lemay</u>		c. LENGTH OF STAY (In this place township) <u>40 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>		TOWN <u>4960</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>621 Waller Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>621 Waller</u>				U		
3. NAME OF DECEASED (Type or Print) <u>GERHARD</u>			a. (First)		b. (Middle) <u>***</u>		c. (Last) <u>UNGER</u>			
4. DATE OF DEATH <u>Sept. 17, 1951</u>		(Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>				
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 23, 1893</u>		9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brewery Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Anheuser-Busch, Inc.</u>		11. BIRTHPLACE (State or foreign country) <u>Austria-Hungary</u>		12. CITIZEN OF WHAT COUNTRY? <u>Nat. USA</u>				
13a. FATHER'S NAME <u>Stephen Unger</u>			13b. MOTHER'S MAIDEN NAME <u>Lucille Senninger</u>			14. NAME OF HUSBAND OR WIFE <u>Anna (Nee Augustine)</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-03-0872</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Unger</u>				ADDRESS <u>621 Waller Lemay 23, Mo.</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coccyx Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic cardio-vascular disease</u>				DUE TO (c) <u>4201</u>				2 yrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										
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 <u>Jan 11, 1951</u> to <u>Sept. 17, 1951</u> , that I last saw the deceased alive on <u>9-17, 1951</u> , and that death occurred at <u>12:40 a.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Erwin D. Mueller M.D.</u>				23b. ADDRESS <u>752 Lemay Ferry Rd</u>		23c. DATE SIGNED <u>9/17/51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/19/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>9-18-51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Hoffmeister</u>					ADDRESS <u>U&L Co. 7814 S. Bdwy City II</u>	

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

Dr. Weeber

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Harry J. Schussacker*

Signed.....
Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7814 J. Broadway

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.