

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26973

State File No. \_\_\_\_\_

6574

FILED JUL 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Desloge Hospital		e. STREET ADDRESS (If rural, give location) 3477 Sublette Ave. 2149	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) LILIAN	b. (Middle) M.	c. (Last) UNGER	July 1 1953		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 14, 1859	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Charles Balmer	13b. MOTHER'S MAIDEN NAME Theresa Weber	14. NAME OF HUSBAND OR WIFE Late Charles F. Unger
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME C. E. Quinn	ADDRESS 4827 Sigel Ave.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  This does not mean the stage of death, such as heart failure, asphyxia, etc. It means the final injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Vascular Accident		6 Hrs.
	ANTECEDENT CAUSES DUE TO (b) Fracture of Left Hip		21 Days
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 6-13-53	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUGGESTED (Specify) Home	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Daughters Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. Mo.
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21d. TIME OF INJURY 6 2 1953 5 <sup>PM</sup>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Slipped off a Bench E9020
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22. I hereby certify that I attended the deceased from 6-11-1953, to 7-1-1953, that I examined the deceased on 7-1-53, and that death occurred at 3:00 A.M. stated above 21

Donald O. Burst M.D. 501 Mo. Theatre Bldg 7-18-53

23. REMOVAL (Specify) Removal	July 3, 1953	Resurrection Cem.	St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. JUL 2 1953	REGISTRAR'S SIGNATURE J. Carlson	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BRONZE OR BLACK INK—MAKE A PERMANENT RECORD

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.....  
Signature of Student Embalmer

Signed *William B. White*

Licensed Embalmer No. *4291*

P. O. Address *4228 W. Knigsley*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.