Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29249

STATE FILE NUMBER 7316

FILED SEP 7 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Pac. Hosp. — Length of stay in 1b: 14 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN University City 4346 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 7050 Cornell Ave (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Frank Middle Block Last Ungar

4. DATE OF DEATH Month 8 Day 7 Year 56

5. SEX Male

6. COLOR OR RACE white

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH July 26, 1881

9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sales Manager

10b. KIND OF BUSINESS OR INDUSTRY Ludlow Saling Wire Co.

11. BIRTHPLACE (City and state or country) St. Louis Missouri.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Karl Ungar.

14. MOTHER'S MAIDEN NAME Rosa Block

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. 488-07-2420

17. INFORMANT Elizabeth H Ungar. Address 7050 Cornell Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart failure
DUE TO (b) Hypertensive Heart Disease
DUE TO (c) Hypertension

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH: Rev. years / Rev. years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

.443.+

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-24-56, to 8-7-56 and last saw her/him alive on 8-6-56
Death occurred at 2.05 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lee B Hanson M.D. (Degree or title)
22b. ADDRESS 607 No. Broad
22c. DATE SIGNED 8-7-56

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE August 9, 1956
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County Missouri.

24. FUNERAL DIRECTOR C.R. Lupton and Sons
ADDRESS 7233 Delmar Blv'd.
25. DATE RECD. BY LOCAL REG. AUG 8 1956
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M.S.D.

(Licensed Embalmer's Statement on Reverse Side)

B

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Arnold W. Schoe

Licensed Embalmer No. 38

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.