

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005028

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 560 Registrar's No. 162

FILED JAN 29 1962

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>University City</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County</u>		d. STREET ADDRESS (if outside, give location) <u>1046 E PARK</u>	

3. NAME OF DECEASED (Type or print) First <u>ELUIS</u> Middle <u>G.</u> Last <u>UNGER</u>			4. DATE OF DEATH Month <u>JAN</u> Day <u>13</u> Year <u>1962</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 29-1916</u>	9. AGE (last birthday) <u>45</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>construction</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11a. FATHER'S NAME <u>John M. Unger</u>			11b. MOTHER'S MAIDEN NAME <u>Maggie M. Gardner</u>		
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			13. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		
14. NAME OF HUSBAND OR WIFE <u>FRANCES</u>			15. SOCIAL SECURITY NO. <u>Francis Unger</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Unknown natural causes</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) _____		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Was receiving treatment for virus condition</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 _____ to _____ and last saw her alive on _____ Death occurred at <u>12:29 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <u>James H. Ad</u> Coroner		22b. ADDRESS <u>Clayton, Mo.</u>		22c. DATE SIGNED <u>1/16/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JAN 16, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>BOLLINGER CO. MEM</u>	
23d. LOCATION (City, town, or county) (State) <u>LUTESVILLE MO.</u>		24. FUNERAL DIRECTOR <u>Gene Ward Tuttleville, MO</u>		25. DATE RECD. BY LOCAL REG. <u>1-13-62</u>	
26. REGISTRAR'S SIGNATURE <u>John C. Murphy, M.D.</u>					

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1962

FEB 8 1962

**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

*R. O. Laird*

Licensed Embalmer No.

*4538*

P. O. Address

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

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