

38243

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

10082

## 1. PLACE OF DEATH:

- (a) County St Louis Mo  
 (b) City or town St Louis Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Dee Paul Hospital 2415 n Kings  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. Kingway  
 (Specify whether years, months or days) 29 Years

3. (a) PRINT FULL NAME Thers@sia Unger 5263. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. None4. Sex Female 5. Color or  
race White6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife Peter Unger6. (c) Age of husband or wife if  
alive 66 years7. Birth date of deceased June 8 TH 1878  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
61 ---- 5 -- 18 - hr. min.9. Birthplace Austria Hungaria  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Mike Schramel13. Birthplace Austria Huncaria  
(City, town, or county) (State or foreign country)14. Maiden name Rosina Verfungl15. Birthplace Austria Hungaria  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Peter Unger(b) Address 1504 Faragut Str 193917. (a) Burial (b) Date thereof Nov 28 Th  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery(a) Signature of funeral director Edward Koch(b) Address 3516 N. 14 Th Str19. (a) NOV 28 1939 (b) J. F. Brudick  
(Date received local health officer's report) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County 1  
 (c) City or town St Louis Mo  
 (If outside city or town limits, write "RURAL") 9  
 (d) Street No. 1501 Faragut Str.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 29 Years years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day November  
year 1939 hour 10 minute 15 P. M.21. I hereby certify that I attended the deceased from  
Nov: 8 39 to Nov 25 1939  
that I last saw her alive on Nov 23  
and that death occurred on the date and hour stated above.

Immediate cause of death

Caecum cancer  
& Ulcer? Mild Regurgitation 8/39

Due to \_\_\_\_\_

Primary site probably liver

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations 46

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature B. J. Striegel (M. D. or other) (STRIEGEL)  
Address 18718 Madison Date signed 11/27/39

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

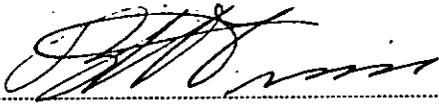
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  


Licensed Embalmer No. 1591

P. O. Address 4106 E. Batareal

**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, above space should be left blank.**