

Registration District No. 791 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
PARK LANE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JULIA UNGAR
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife SAMUEL UNGAR 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased APRIL 7 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 17 hr. _____ min.

9. Birthplace AUSTRIA
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name BERNARD KOEWENSTEIN
13. Birthplace AUSTRIA
(City, town, or county) (State or foreign country)
14. Maiden name RESINA SINGER
15. Birthplace AUSTRIA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. BERTHA LAPLANUS
(b) Address 2621 VIRGINIA

17. (a) BURIAL (b) Date thereof 6-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT. SINAI CEMETERY

18. (a) Signature of funeral director Jeff Bredeck
(b) Address 5716 Delmar Blvd

19. (a) JUN 24 1940 (b) Jeff Bredeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2621 VIRGINIA AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A? 60 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 24
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from
May 28, 1940, to June 24, 1940;
that I last saw her alive on June 24, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Recessus in
with stroke
Chronic Intestinal
Due to _____
Other conditions (include pregnancy within 3 months of death) neph.

Major findings: neurin
Of operations: _____
Of autopsy: 131

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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)
(c) Means of injury _____
23. Signature J. J. Smeech (M. D. or other)
Address 4926 Lundell Blvd Date signed 6-24-40

WRITE PLAINLY—USE UNFADING 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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Charles W. Cooper

Licensed Embalmer No.

3630

P. O. Address

5216 Delmar

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.