

FILED JUL 22 1946

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 6128

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(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:  
4763 Rosa Ave.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4763 Rosa Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles F. Unger

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1946 hour 10:45 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased July 13 1856  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 2 1946 to July 10 1946  
that I last saw him alive on July 10 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

89	11	27	hr. _____ min.
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Immediate cause of death Left lobes pneumonia

Due to Senility

Duration 2 days

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

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

Other conditions 108  
(Include pregnancy within 3 months of death)

10. Usual occupation Salesman

11. Industry or business Hunleth Music Co.

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Timothy C. Unger

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Christine Unknown

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Kathryn Quinn

(b) Address 4763 Rosa Ave.

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 7 13 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

(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? \_\_\_\_\_

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

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

(e) Means of injury \_\_\_\_\_

19. (a) JUL 12 1946 (b) J. F. Bradack  
(Date received local registrar) (Registrar's signature)

23. Signature M. Wagnersbach (M. D. or other) \_\_\_\_\_

Address 4738 2<sup>nd</sup> Union St Date signed 7/12/46

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

247000

47382/Provision

**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 *Edwin M. Stewart*.....

Licensed Embalmer No. *3024*.....

P. O. Address.....

**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, fact should be so stated above.**