

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7411

State File No. ....

XC 885452  
REG #116447  
BIRTH NO. FILED MAR 5 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 487

|   |  |   |  |                                     |  |
|---|--|---|--|-------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>ST. LOUIS</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>MISSOURI</b> |  | b. COUNTY<br><b>2159</b>            |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>JEFFERSON BARRACKS</b> )  |  | c. LENGTH OF STAY (In this place)<br><b>29 DAYS</b>   |  | c. CITY OR TOWN<br><b>ST. LOUIS</b> |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION<br><b>VETERANS ADMINISTRATION HOSP</b> |  | e. STREET ADDRESS (If rural, give location)<br><b>3621A MERAMEC</b>   |  |                                     |  |

|  |  |                                  |            |  |  |                                   |  |   |  |  |                        |   |                      |  |  |
|--|--|----------------------------------|------------|--|--|-----------------------------------|--|---|--|--|------------------------|---|----------------------|--|--|
| 3. NAME OF DECEASED (Type or Print)<br><b>JOSEPH</b>   |  |                                  | a. (First) |  |  | b. (Middle)                       |  |   | c. (Last)<br><b>UNGAR</b>                    |  |                        | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>2-23-54</b> |                      |  |  |
| 5. SEX<br><b>MALE 0</b>  |  | 6. COLOR OR RACE<br><b>WHITE</b> |            | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b> |  | 8. DATE OF BIRTH<br><b>4-5-80</b> |  |   | 9. AGE (In years last birthday)<br><b>73</b> |  | if UNDER 1 YEAR Months |   | if UNDER 4 HRS. Days |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>ATTORNEY</b> |  |                                  |            | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>SELF EMPLOYED</b>                |  |                                   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>ST. LOUIS, MO. 0</b> |  |  |                        | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>              |                      |  |  |

|  |  |  |  |  |  |   |  |  |         |  |  |
|--|--|--|--|--|--|---|--|--|---------|--|--|
| 13a. FATHER'S NAME<br><b>CARL UNGAR</b>  |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>ROSE BLOCK</b> |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>ELIZABETH UNGAR</b>                             |  |  |         |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>YES WW I</b> |  |  | 16. SOCIAL SECURITY NO.<br><b>NONE</b>         |  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b> |  |  | ADDRESS |  |  |

|  |  |   |  |  |  |  |  |                                  |  |
|--|--|---|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION                   |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)   |  | <b>ARTERIOSCLEROTIC HEART DISEASE</b>   |  |  |  |  |  | <b>UNK</b>                       |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES                       |  |  |  |  |  |                                  |  |
|  |  | DUE TO (b)                              |  |  |  |  |  |                                  |  |
|  |  | DUE TO (c)                              |  |  |  |  |  |                                  |  |
| II. OTHER SIGNIFICANT CONDITIONS   |  | <b>CONFLUENT BRONCHO-PNEUMONIA</b>      |  |  |  |  |  |                                  |  |
| Conditions contributing to the death but not related to the disease or condition causing death.  |  | <b>OSTEOLYTIC LESION OF THE SACRUM?</b> |  |  |  |  |  |                                  |  |

|   |  |  |  |  |  |   |  |  |   |  |  |
|---|--|--|--|--|--|---|--|--|---|--|--|
| 19a. DATE OF OPERATION  |  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>4200</b>  |  |  |   |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)                        |  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |  |  |   |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>VA m.</b> |  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  |  | 21f. HOW DID INJURY OCCUR?                      |  |  |   |  |  |

22. I hereby certify that I attended the deceased from **1-25-54**, 19\_\_\_, to **2-23-54**, 19\_\_\_, and that death occurred at **2:25A** m., from the causes and on the date stated above.

|   |  |  |  |  |  |   |  |  |
|---|--|--|--|--|--|---|--|--|
| 22a. SIGNATURE (Type name or title)<br><b>Henry F. Wesphaeling MD 0</b>     |  |  | 22b. ADDRESS<br><b>VAH JEFFERSON BARRACKS, MO.</b> |  |  | 22c. DATE SIGNED<br><b>2-23-54</b>                    |  |  |
| 22a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>CREMATION</b>               |  |  | 22b. DATE<br><b>2-25-54</b>                        |  |  | 22c. NAME OF CEMETERY OR CREMATORY<br><b>MISSOURI</b> |  |  |
| 22d. LOCATION (City, town, or county) (State)<br><b>ST. LOUIS, MISSOURI</b> |  |  |  |  |  |   |  |  |

|  |  |  |  |  |  |   |  |  |
|--|--|--|--|--|--|---|--|--|
| DATE REC'D BY LOCAL REG.<br><b>2-24-54</b> |  |  | REGISTRAR'S SIGNATURE<br><b>Herbert R. Dombke M.D.</b> |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>SOUTHERN FUNERAL HOME 6322 S. GRAND BLVD ST. LOUIS</b> |  |  |
|--|--|--|--|--|--|---|--|--|

WRITE PLAINLY—USING 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 ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *David Van Fossan*.....  
Licensed Embalmer No. *424*  
P. O. Address *6322 St*.....

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.