

FILED JUN 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22174**

**318**

**1003**

Registrar's No. **5911**

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. _____   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>  |  | c. LENGTH OF STAY (in this place) <b>11 days</b>  |  | c. CITY OR TOWN <b>St. Louis</b>   |  | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>   |  |   |  | e. STREET ADDRESS (If rural, give location) <b>4534 Bircher Place</b>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>FRANK</b>   |  | b. (Middle) _____   |  | c. (Last) <b>UNGER</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 21, 1956</b>  |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  |  | 8. DATE OF BIRTH <b>April 8, 1883</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bartender</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Austria</b>  |  | 9. AGE (In years last birthday) Months Days Hours Min. <b>73 2 13</b>  |  |
| 13a. FATHER'S NAME <b>John Unger</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Christine Garger</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Theresia Stangl Unger</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |  | 16. SOCIAL SECURITY NO. <b>486-20-1524</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Theresia Unger 4534 Bircher P</b>  |  |  |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                               |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of (Primary) LIVER</b><br>ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>3 mo.</b>  |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |  | 20. AUTOPSY? 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) <b>155X</b>  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |  | 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 <b>June 19, 1956</b> to <b>June 21, 1956</b> that I last saw the deceased alive on <b>June 11, 1956</b> and that death occurred at <b>5:10 p.m.</b> from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE <b>Theresia J. Stangl</b> (Degree or title) _____   |  |   |  | 23b. ADDRESS <b>4114 W. Florissant</b>   |  | 23c. DATE SIGNED <b>6/21/56</b>  |  |
| 24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>  |  | 24b. DATE <b>June 25 '56</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>   |  |
| DATE REC'D BY LOCAL REG. <b>JUN 22 1956</b>  |  | REGISTRAR'S SIGNATURE <b>Paul Smith</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Bromschwig and Son</b>   |  | ADDRESS <b>4746 W Florissant</b>   |  |

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

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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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Stanley H. Dixon*  
Licensed Embalmer No. *419*  
P. O. Address *St. Louis*

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.