

EB 13 1939 REGD MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7842
Do not use this space.

96
10
5
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.

1. PLACE OF DEATH **2**
 (a) County St. Louis Registration District No. 784
 (b) Township 1 Primary Registration District No. 11.5 Registered No. 245
 (c) City University City (d) Street No. 7010 Delmar Boulevard St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **526 ANNA DUNKHORST,**
 (a) Residence, No. 7010 Delmar Boulevard St. University City, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry L. Dunkhorst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>59</u>	<u>103</u>	<u>9</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Ernst Kuhlman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Emma Bolhiner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Mrs. Minnie Greulich 7010 Delmar Boul, University City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorila Park DATE Feb. 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED FEB 13 1939 G. R. Meyer, M. D. P. V. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1938 to Feb 10 1939
 I last saw her alive on Feb 10, 1939 Death is said to have occurred on the date stated above, at 6:15 PM.
 The principal cause of death and related causes of importance were as follows:

<u>Carcinoma bronch primary in bronch</u>	Date of onset <u>Sept 10 1938</u>
<u>50</u>	
Other contributory causes of importance: <u>General carcinoma toxis</u>	<u>Sept 1937</u>

Name of operation Removal bronch Date of Feb 10, 1939
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify (Signed) Edward B. Clifford, M. D.
 (Address) University Club St. Louis Mo

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 *William G. Buchholz*
Licensed Embalmer No. *2110*
P. O. Address *St. Louis 9*

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.