

FILED MAY 7 1942 791

Registration District No. 791

Primary Registration District No. 1003

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:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 days (Specify whether
 In this community 7 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 15-000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3845 Meramec Street
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. Fred H. Dunkman

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Thekla Koch Dunkman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 7, 1865
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>76</u>	<u>6</u>	<u>14</u>	_____ hr. _____ min.

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

10. Usual occupation Mail Carrier

11. Industry or business (Retired 1931)

MOTHER FATHER { 12. Name Henry Dunkman

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

14. Maiden name Elizabeth Struebbe
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Thekla Dunkman

(b) Address 3845 Meramec Street

17. (a) Burial (b) Date thereof Apr. 20, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) APR 23 1942 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21,
 year 1942 hour 9 minute 36 P. M.

21. I hereby certify that I attended the deceased from Apr 21 to Apr 21, 1942
 that I last saw him alive on Apr 21, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chorea
Myocardial Infarction

Due to Myocardial Infarction
Chorea

Due to Chorea

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

Major findings Enlarged Prostate
Vascular Sclerotic

Of autopsy _____

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) (e) Means of injury _____

23. Signature W. H. Moore (M. D. or other) _____

Address _____ Date signed _____

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

Dr. Neil S. Mance

Frisco Bldg

Ch 8218

10-1

2-3 X

W

DEC 6 1948

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 Felix J. Kripfen
Licensed Embalmer No. 3497
P. O. Address 1936 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 this body is not embalmed, fact should be so stated above.