

FILED NOV 30 1942 818

State File No. _____
Registrar's No. 9563

Registration District No. _____ 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:
DePaul Hospital 0
(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

3. (a) PRINT FULL NAME James B. Dunkerley.

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie B. Dunkerley. 6. (c) Age of husband or wife if alive 76. years

7. Birth date of deceased Oct. 24, 1854.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88.</u>	<u>0.</u>	<u>22.</u>	hr. _____ min. _____

9. Birthplace Unknown England.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Book-keeper.

11. Industry or business Christian Publishing Co.

12. Name Joseph Dunkerley.

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

14. Maiden name Alice Kenelworth.

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

16. (a) Informant Mrs. James B. Dunkerley.

(b) Address 5232 Ridge, Ave.

17. (a) Burial. (b) Date thereof 11/18/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.,

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar, Blvd.

19. (a) NOV 16 1942 (b) J. F. Beedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis, 96
(If outside city or town limits, write "RURAL")
(d) Street No. 5232 Ridge Ave.,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16th
year 1942 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from November 11th 1942 to Nov. 14 - 1942
that I last saw him alive on Nov. 15 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Dilatation of myocardium. General Emaciation from secondary anemia of severe degree caused from continued bleeding into gastro-intestinal tract from a possible malformation of stomach and liver. Primary
Major findings: Similarity in stomach myocardium only by compensating heart.
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 J. P. Murphy (M. D. or other) _____
Address 2416 So. Kansas Highway Date signed _____

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

MOTHER, FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

St. Louis, Mo. 300

Dr. [unclear]
#26116 no. [unclear]
FD-8770
2-5 PM

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - Mo

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.