

FILED JUN 6 1946  
318

Registration District No.

Primary Registration District No.

Registrar's No. 1992

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 days Memorial  
In this community \_\_\_\_\_  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3329 Lemp Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Ben Dulany

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 14 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 9 16 hr. min.

9. Birthplace Huntsville, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER { 12. Name Garland N. Dulany  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Carrie Stephens  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. Eichhorst  
(b) Address 3329 Lemp Ave.

17. (a) Burial (b) Date thereof 6/3/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) JUN 1 1946 (Date received from registrar)  
J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th  
year 1946 hour 6:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 5/5/46  
to 5/30/46  
that I last saw him alive on 5/30/46  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Heart Failure  
Coronary Sclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature [Signature] (Specify type of place) \_\_\_\_\_  
Address 1515 Lafayette (e) Means of injury \_\_\_\_\_  
Date signed 5/31/46

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

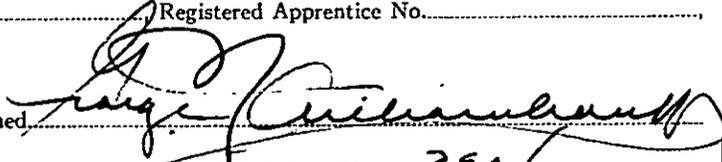
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Signed  Registered Apprentice No. ....  
Licensed Embalmer No. 2906  
P. O. Address 128 Michigan

**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.**