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

32256
Do not use this space.

OCT 14 1937

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. St. John's Hospital 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.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 8310

2. PRINT FULL NAME Charles W. Dunk
(a) Residence, No. 7001 Hunter Ave. St. NR Beverly Hills 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: Male
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: Elizabeth E. Dunk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 23, 1862

7. AGE: 19

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
74	9	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Motorman
9. Industry or business in which work was done, as saw mill, bank, etc.: Public Service Co.
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): Illinois

FATHER
13. NAME: William Dunk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holland

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Mr. Harry W. Dunk, 7001 Hunter Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: Sept. 4, 1937

19. FUNERAL DIRECTOR (ADDRESS): Cullinane Bros., 1710 N. Grand Blvd

20. FILED: SEP 3 1937 J. F. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-28-, 1937, to 9-1-, 1937
I last saw him alive on 9-1-, 1937. Death is said to have occurred on the date stated above, at 12.15 P.M.
The principal cause of death and related causes of importance were as follows:

Encephalitis (Epidemic)

Date of onset

Other contributory causes of importance:

Myocardosis

Name of operation Date of
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?
If so, specify
(Signed) Carl J. Reed, M. D.
(Address) 37 N. Washington

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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 X12004

STATEMENT BY LICENSED EMBALMER

I, Fred Frick, Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

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.)