

34347

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

8885

Registration District No.

Primary Registration District No.

791
1003

NOV 13 1939

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: Central Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Months
(Specify whether years, months or days) Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL") NR
(d) Street No. 7010 Delmar Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Henry L. Dunkhorst

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

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

6. (b) Name of husband or wife. Anna Dunkhorst (deceased) 6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased March 3, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>14</u>	hr. _____ min.

9. Birthplace Nashville, Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business _____

12. Name Henry Dunkhorst

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Mrs Minnie Gruelich

(b) Address 7010 Delmar Blvd.

17. (a) Burial (b) Date thereof 10-19-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 19 1939 (b) J. J. Gruelich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th
year 1939 hour 7:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from S/RS, 1939, to 10/17/39
that I last saw him alive on 10/17/39
and that death occurred on the date and hour stated above.

Immediate cause of death Primary
Sarcosis of the Kidney
Chronic
Diabetes
Lumbar Spine
Duration about 18 mos.

Due to _____
Due to _____
Other conditions Extensive Sclerosis
(Include pregnancy within 3 months of death)

Major findings: 51
Of operations _____
Of autopsy Sarcosis
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) (d) Means of injury _____

23. Signature J. J. Gruelich (M. D. or other) _____
Address 5324 Riverside Date signed 10/18/39

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

Rev. 4-17-39
U. S. G. P. 1 X 19311

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.

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 J. Buchholz

Licensed Embalmer No.

2110

P. O. Address

St. Louis, 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, above space should be left blank.