

S. No. 2  
M-5-43  
5-17-39  
P I X 2

State File No. ....

FILED MAR 27 1944

1003

Registrar's No. 2549

Registration District No. 318

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Childrens Hospital  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Wisconsin (b) County Wauwatosa

(c) City or town Wauwatosa  
(If outside city or town limits, write "RURAL")

(d) Street No. 9009 West Clark  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Phillip Leonard Hunkel

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased March 5 1935  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 16  
year 44 hour 3 minute 55 AM.

21. I hereby certify that I attended the deceased from 2-16-44 to 3-16-44, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

9 - 11 hr. min.

Immediate cause of death Acute leukemia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

9. Birthplace Chicago, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Bill

11. Industry or business \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy Acute leukemia

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER, FATHER

12. Name Victor H. Hunkel

13. Birthplace Milwaukee Wis. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Paula Stanklein

15. Birthplace Highland Ill. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Victor H. Hunkel

(b) Address 9009 West Clark Wauwatosa

17. (a) Removal (b) Date thereof 3-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Milwaukee, Wis.

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) MAR 16 1944 (b) J. G. Bredeck  
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) \_\_\_\_\_

Address [Address] Date signed \_\_\_\_\_

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

844

**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.

....., Registered Apprentice No. ....

Signed.....

*Robert J. [Signature]*

Licensed Embalmer No. 1994

P. O. Address.....

**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.**