No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22450

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1398

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Jan. 9, 1944 (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis County

(c) City or town Webster Groves 96
(If outside city or town limits, write "RURAL")

(d) Street No. 7804 Murdoch Avenue 7
(If rural, give location) 4

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME DUNKEL, Clarence F.

3. (b) If veteran, name war World War #1

3. (c) Social Security No. Yes-not rem.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or~~ wife Mrs. Frances Dunkel

6. (c) Age of ~~husband or~~ wife if alive 46 years

7. Birth date of deceased October (Month) 10, (Day) 1895 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	8	17	hr. min.

9. Birthplace Carroll (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Filling Station Operator

11. Industry or business -

FATHER
12. Name Joseph Dunkel
13. Birthplace Dyersville (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Mary Haefner
15. Birthplace Dyersville (City, town, or county) Iowa (State or foreign country)

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-27-44 (Month) (Day) (Year)

(c) Place: burial or cremation Eash St Louis

18. (a) Signature of funeral director Chas Burke

(b) Address Eash St Louis Ill

19. (a) JUN 28 1944 (Date received local registrar) (b) C. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th, year 1944 hour 9:20 minute A. M.

21. I hereby certify that I attended the deceased from January 9, 1944 to June 27, 1944; that I last saw him alive on June 27, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARCINOMA OF SIGMOID, INOPERABLE.	1½ yrs.
Due to -	
Due to -	
Other conditions Abscess, inguinal & intra-abdominal, left, due to break-down of Carcinoma. (Include pregnancy within 3 months of death)	3 mo.
Major findings: Of operations Incision and drainage, abscess, abdominal. 3/23/44.	
Of autopsy No autopsy.	

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) no

(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? (Specify type of place)

While at work? Means of injury -

23. Signature L. M. COCHRAN, Lt. Col., M.C. (or other)

Address CHIEF MEDICAL OFFICER Date signed 6/27/44

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. M. Bunke

Licensed Embalmer No. 2421

P. O. Address East St Louis

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.