

FILED AUG 18 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. 6714
Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days
(Specify whether years, months or days)

In this community
years, months or days)

3. (a) PRINT FULL NAME Leland S. Dunkerly

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Fern Dunkerly

6. (c) Age of husband or wife if alive 34 years

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

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

51 0 20 hr. min.

9. Birthplace Cayuga Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Engineer

11. Industry or business Grain Elevator

12. Name William Dunkerly

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Underwood

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Dunkerly

(b) Address Cayuga, Indiana

17. (a) Removal (b) Date thereof 7-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cayuga, Ind.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUL 31 1946 J. F. Breakey
(Date registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County Vermillion 999

(c) City or town Cayuga NR-0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1946 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 2 1946 to July 30 1946
that I last saw him alive on July 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from the posterior upper mediastinal aorta. Duration 2 days

Due to Mediastinitis and aortitis 10 days

Due to Traumatic rupture of an esophageal diverticulum 10 days
(Include pregnancy within 3 months of death)

Major findings: 11/6/46 PHYSICIAN

Of operations

Rupture of an esophageal diverticulum mediastinitis and pleuritis, left. Underline the cause to which death should be charged statistically.

As above.

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 Robert J. Glaser, M.D. (M. D. or other) M.D.
Address 600 S. Kingshighway, St. Louis Date signed 7-30-46

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

John A. Agonaski

Licensed Embalmer No. *3398*

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.