

FILED JAN 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2486  
State File No. 523

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>City</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		STREET ADDRESS (If rural, give location) <u>5747 Waterman Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute To City Hospital</u>			
3. NAME OF DECEASED (Type or Print) <u>Dr. Otto</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Dunkel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 15, 1951</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 25, 1869</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mathematics Prof.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wash. U. &amp; Mo. U.</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond, Virginia</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Frederick W. Dunkel</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Check</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred W. Dunkel, 2104 Hanover, Richmond Va</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exposure; Fr of right femur</u> <u>Cardiac Hypertrophy; suffered</u> <u>perforated duodenum</u> <u>due to</u> <u>drainage ditch along railroad</u> <u>right of way under</u> <u>the University Street, the bridge</u> <u>date and time unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>St Louis Mo 64026</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>6/45</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <u>Walter H. Duff</u>		23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>1/18/51</u>
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan 18, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hollywood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Virginia</u>
DATE REC'D BY LOCAL REG. <u>JAN-18 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Laska</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>6175 Delmar Blvd.</u>	

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address ST Louis 10 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, fact should be so stated above.