

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11016

State File No. ....

S. No. 300  
v. 10.48

FILED MAR 29 1952

BIRTH NO. ... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 795

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jennings</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bel-Nor</u> <u>4180</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>8530 Roanoke Dr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2046 Belle Ave.</u>			

3. NAME OF DECEASED (Type or Print) <u>William J. Dunkel</u>			4. DATE OF DEATH Month <u>3</u> Day <u>23</u> Year <u>52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 22, 1901</u>	
9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paint Mfg.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Joe Dunkel</u>		13b. MOTHER'S MAIDEN NAME <u>Mary (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Helen Dunkel</u> <u>th</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>330-18-0416</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Dunkel</u> ADDRESS <u>8530 Roanoke</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self-inflicted carbon monoxide poisoning- suffered while seated in his automobile at the rear of his paint factory, 2046 Bell Ave.,</u> ANTECEDENT CAUSES <u>Due to (b) Jennings.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) <u>automobile</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jennings St. Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3/23/52 11:00 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self-inflicted carbon monoxide poisoning.</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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ernest J. Willmann</u> Coroner		23b. ADDRESS <u>3 Clayton, Mo.</u>		23c. DATE SIGNED <u>3/25/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 26, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>			

25a. DATE REC'D BY LOCAL REG. <u>3-25-52</u>		25b. REGISTRAR'S SIGNATURE <u>Herbert R. Domke MD</u>		25c. FUNERAL DIRECTOR'S SIGNATURE <u>Cullen &amp; Kelly</u> ADDRESS <u>7267 Natural Bridge</u>	
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**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 *Gene Kiffman*

Licensed Embalmer No. 4366

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, fact should be so stated above.