

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14640

FILED APR 26 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3584

STATE FILE NUMBER 3584

| | | | | | |
|--|---|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital | | Length of stay in hospital 2 weeks | STREET ADDRESS 4139 Sacramento Avenue | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) Fred J Dunkmann | | | 4. DATE OF DEATH April 12 1957 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 4, 1884 | 9. AGE (In years last birthday) 73 | |
| IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker | 10b. KIND OF BUSINESS OR INDUSTRY (Retired) | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME unknown | | | 14. MOTHER'S MAIDEN NAME unknown | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Mrs. Amelia Dunkmann, 4139 Sacramento Ave | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Arteriosclerosis-Generalized DUE TO (c) <i>[Handwritten]</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH 7 1/2 hrs. 5 1/2 hrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331x | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE | |
| 21. I attended the deceased from April 12-57 to April 11-57 and last saw her alive on April 11-57. Death occurred at 4:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Francis J. Medlar | | 22b. ADDRESS 4114 W. Broadway | | 22c. DATE SIGNED 4/12/57 | |
| 23a. BURIAL CREMATION. REMOVAL (Specify) Removal | 23b. DATE April 15/1957 | 23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery | 23d. LOCATION (City, town, or county) St. Louis County, Missouri (State) | | |
| 24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Av | | ADDRESS | 25. DATE RECD. BY LOCAL REG. APR 15 '57 | 26. REGISTRAR'S SIGNATURE Carl Smith MO | |

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.....
Signature of Student Embalmer

Signed.....
Ellen A. Katz

Licensed Embalmer No. *37*

P. O. Address *J. Lane*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.