

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH =61-011915

AMENDED Registration District No. 317 Primary Registration District No. 547 Registrar's No. 623 STATE FILE NUMBER

FILED VS MAR 14 1961

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights Length of stay in 1b Life
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY ST LOUIS
 c. CITY OR TOWN Webster Grove Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No
222 Turf Court

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Wesley Albert Dunker March 3, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married 8. DATE OF BIRTH 12/30/1893 9. AGE (last birthday) 67 IF UNDER 1 YEAR IF UNDER 24 HR
 Widowed Divorced Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer (Retired) 10b. KIND OF BUSINESS OR INDUSTRY Union Elec. Co 11. BIRTHPLACE (City and state or country) St. Louis, Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Albert Dunker 13b. MOTHER'S MAIDEN NAME Lydia Kramer 14. NAME OF HUSBAND OR WIFE Stella K. Dunker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.1 17. INFORMANT Address Mrs Stella K. Dunker 222 Turf Court

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 INTERVAL BETWEEN ONSET AND DEATH day
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 2/9/61 to 3/13/61 and last saw ^{her}him alive on 3/7/61
 Death occurred at 9:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.
 22a. SIGNATURE (Degree or title) C. Kleinschmidt MD 22b. ADDRESS 508 N. Grand Ave 22c. DATE SIGNED 3/4/61
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3/6/61 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Co, Missouri

24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Blvd 25. DATE RECD. BY LOCAL REG. 3-4-61 26. REGISTRAR'S SIGNATURE J. C. Murphy M.D.

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

Dr. C. Kleinschmidt

508 No. Grand Blvd

Je. 1-9218

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 J. S. McCullough

Licensed Embalmer No. 2451

P. O. Address 617 58th St

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.