

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

11262

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... **1003**  
 City **St. Louis, Mo.** (No. **3724**) Primary Registration District No. **Nebraska Ave.**

File No.....  
 Registered No. **3096**  
 St. .... Ward)

**2. FULL NAME**

**Chloe E. Runnels**

(a) Residence, No. **3724** Nebraska St., **24** Ward.

(Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 23 - 1886**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<b>41</b>	<b>10</b>	<b>25</b>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **House Work**  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN); (STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **William A. Engle**

11. BIRTHPLACE OF FATHER (CITY OR TOWN); (STATE OR COUNTRY) **Not known**

12. MAIDEN NAME OF MOTHER **Sarah Schouard**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN); (STATE OR COUNTRY) **Ill.**

14. INFORMANT **Herman R. Runnels**  
 (Address) **3724 3 Nebraska Ave**

15. FILED **MAR 19 1928** **May C. Storken** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 18, 1928**

17. I HEREBY CERTIFY That I attended deceased from **Mar. 28**, 1928, to **March 17**, 1928 that I last saw **her** alive on **March 17**, 1928, and that death occurred, on the date stated above, at **6:30 P.** m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Pulmonary Tuberculosis**  
**23A**  
 (duration)..... yrs. .... mos. .... da.  
**31**  
 CONTRIBUTORY (SECONDARY)  
 (duration)..... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) **D. H. Weverman**, M. D.  
**3/19**, 1928; (Address) **3108 Chippewa**

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Oron Mo.** DATE OF BURIAL **Mar 19, 1928**

20. UNDERTAKER **Ziegenhain Bros. 2636 Sherman**  
 ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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