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

Do not use this space.

41079

1. PLACE OF DEATH

County..... Registration District No. 7611 File No.....

Township..... Primary Registration District No. 1 Registered No. 11742

City St. Louis (No. St. Luke's Hospital St. ..... Ward)

2. FULL NAME Herman Runge

(a) Residence. No..... St., 12 Ward. Kimswick Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 29-1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	58	2	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter & Bldr.

(b) General nature of industry, business, or establishment in which employed (or employer) 51A

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER William Runge

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Louise Stutzer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Ada Runge
(Address) Kimswick Mo

15. ..... FILED ..... ; 19..... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1930

17.

I HEREBY CERTIFY, That I attended deceased from Nov 11, 1930, to Dec 14, 1930, that I last saw h. alive on Dec 14, 1930, and that death occurred, on the date stated above, at 10 40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Large tumor of abdomen probably hypernephroma Metastasis in liver.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Operation for removal of tumor Malignant of the Retroperitoneal

(duration) yrs. mos. 4 ds.

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

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Dec 10-30

WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic exam.

(Signed) W. Fischel, M. D

Dec 15, 1930 (Address) 3720 Washington

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Kimswick Mo	Dec 17 1930
20. UNDERTAKER	**ADDRESS**
Heilig-Tag Und.	Kimswick Mo.

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.