

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

409  
Do not use this space.

**FEB 12 1938**

**791**

**1003**

Registered No. **265**

1. PLACE OF DEATH  
 (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City St. Louis, (d) Street No. 3422 Osage St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry J. Rummenie 550  
 (a) Residence, No. 3422 Osage St. St. **15**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
 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 Matilda Rummenie  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1867.  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70 1 29

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk  
 9. Industry or business in which work was done, as saw mill, bank, etc. Eastman Co.  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Ills.

FATHER  
 13. NAME Dont Know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

MOTHER  
 15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Matilda Rummenie 3422 Osage St.

18. BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Cem. DATE Jan. 10, 1938

19. FUNERAL DIRECTOR (ADDRESS) J. N. Gethens & Co. 2842 Meramec St.

20. FILED JAN 15 1938 J. T. Bredeck Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis;  
Arteriosclerosis.  
 Date of onset

Other contributory causes of importance:  
Arteriosclerosis.

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury See above  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Joseph M. Jument M.D.  
 (Signed) Joseph M. Jument (Address) Deputy Coroner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state exactly supplied.

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**