

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

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.

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

24078
Do not use this space.

REC'D AUG 12 1938

791
1003

Registered No. 6772

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. Josephine Hospital 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

Roy E. Runyan
(a) Residence, No. 4039 Meramec 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 Florence Runyan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 10 10

OCCUPATION 8. Trade, profession, or particular, kind of work done, as sawyer, bookkeeper, etc. R. R. Clerk
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Illinois

FATHER 13. NAME Robert J. Runyan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Florence M. Runyan
4039 Meramec St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE July 29 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm. Schumacher
3013 Meramec St.

20. FILED III 29 1938 J. P. Budeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/21, 1938, to 7/26, 1938.
I last saw him alive on 7/26, 1938. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

Post Operative Bronch. Pneumonia Date of onset 7/24

Obstruction of Bowels caused by adhesions following an operation 10 yrs ago for gall bladder + appendix

Other contributory causes of importance:
Name of operation adheriolysis Date of 7/21
What test confirmed diagnosis? Stam 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Walter H. Hoffmann, M. D.
(Address) 1700a Terra Shore

1700 & Lower Street
3-4

STATEMENT BY LICENSED EMBALMER

I, Clarence J. Rochow, Licensed Embalmer No. 3093

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

..... L. E.

No. or by
working under my personal supervision.

Registered Apprentice No.

Signed.....



Licensed Embalmer No. 3093

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.)