

REC'D JAN 11 1938

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

41442
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 1003
(b) Township 1 Primary Registration District No. _____
(c) City St. Louis, Mo. (d) Street No. Masurie Home Dr. Registered No. 11134
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. 9 mos. 28 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

542 Paul Runnels,
5351 Delmar Blvd.
(a) Residence, No. _____ St. 12 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
66 10 — —
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unknown
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) Gallatin, Mo.

FATHER 13. NAME Geo. Runnels
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Sarah unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hilmoth Halley
5351 Delmar St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gallatin, Mo. DATE Dec 27 1938

19. FUNERAL DIRECTOR (ADDRESS) Alexander Ehn
6175 Delmar

20. FILED DEC 28 1938 19 _____
J. P. Beck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1938
I HEREBY CERTIFY, That I attended deceased from Feb 26 1938, to Dec 24 1938
I last saw him alive on Dec 23 1938. Death is said to have occurred on the date stated above, at 5:10 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Date of onset 3 days
caused by hypertension
Hypertension 10 mos.
Other contributory causes of importance: 93C

Name of operation _____ Date of _____
What test confirmed diagnosis? Phy. Ex. 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? no
If so, specify Below Chamberlain M. D.
(Signed) 5084 Grand Blvd.
(Address) _____

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

50M-720-37 I-1-X12004

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.

1113A

1113A

STATEMENT BY LICENSED EMBALMER

I, Jose E. McCulloch, Licensed Embalmer No. 2460
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Jose E. McCulloch
Licensed Embalmer No. 2460

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.)
Jose E. McCulloch