

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5080
Do not use this space.

MAR 13 1939

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **1773**
 (c) City **St. Louis,** (d) Street No. **Alexian Brothers 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 **Joseph Runtz**

(a) Residence, No. **3000 Keokuk St.** St. **24** (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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May. 6, 1885**

7. AGE YEARS **53** MONTHS **9** DAYS **17** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Wholesale Candy Co.**
 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) **Alton,** (STATE OR COUNTRY) **Ills.**

FATHER 13. NAME **Louis Runtz**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

MOTHER 15. MAIDEN NAME **Louise Koehrer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

17. INFORMANT **Louise Runtz** (ADDRESS) **3000 Keokuk St.**

18. BURIAL, CREMATION, OR REMOVAL **S.S. Peter & Paul Cem. DATE Feb. 27, 1939.**

19. FUNERAL DIRECTOR (NAME) **J. H. Gebken & Co.** (ADDRESS) **2842 Maramec St.**

20. **FEB 24 1939** Local Registrar **J. B. Budick**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 23, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **2/23/39** 19..... to **2/23/39** 19..... I last saw him alive on **2-23-39** 19..... Death is said to have occurred on the date stated above, at **3:30 A.M.** The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage

Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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.....
 (Signed) **Joseph Runtz** M. D.
 (Address) **4209 W. Jefferson**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Heramec St.

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.)

St. Louis, Mo.

If this body is not embalmed, above space should be left blank.