V. S. No. 2
50M—1-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1941

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 784 975

Primary Registration District No. 1001

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: City Hosp. #1. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 09
(If outside city or town limits, write "RURAL")
(d) Street No. 2900 S. Compton Av
(If rural, give location)
(e) Citizen of foreign country? D (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harold F. Runnels
3. (b) If veteran, name war no
3. (c) Social Security No. 493-10-3377
4. Sex Male 6
5. Color or race white 0
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 3 (Day) 1916 (Year)

8. AGE: Years 25 Months 10 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Die Cutter
11. Industry or business Small Arms
FATHER 12. Name Charles Runnels
13. Birthplace Osborne (City, town, or county) Kansas (State or foreign country)
MOTHER 14. Maiden name Irene Doran
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant William Doran
(b) Address 2900 S. Compton Av.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Watt Bros & Co
(b) Address 2929 S. Jefferson Av.
19. (a) FEB 21 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1942 hour 12 minute 30a M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull Subdural Hemorrhage of Brain External hemorrhage when he
Due to was struck by an automobile driven by one Vernon Ketchuside
Due to in front of 3820 N. Grand about 12:30 A.M. Jan. 30, 1942
Duration
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Jan. 30, 1942
(c) Where did injury occur? St. Louis (City or town) Mo. (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)
While at work? (e) Means of injury
23. Signature Alfred Perry (M. D. or other)
Address Date signed 1/31/42

(Licensed Embalmer's Statement on Reverse Side)

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 Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S Jefferson Av

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.)

If this body is not embalmed, fact should be so stated above.