

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

2
-43
-39
35897

FILED JAN 31 1945

318

Registration District No.

1003

State File No.

Registrar's No.

468

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:
Home for the Aged - 3406 S. Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 8 months
(Specify whether years, months or days)

In this community..... 5
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... ANNA RUNGE

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex..... Female

5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Widowed

6. (b) Name of husband or wife..... Henry Runge

6. (c) Age of husband or wife if alive..... 26 years

7. Birth date of deceased..... February 26, 1861.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>10</u>	<u>20</u>hr.min.

9. Birthplace..... Germany
(City, town, or county) (State or foreign country)

10. Usual occupation..... At home

11. Industry or business.....

MOTHER { 12. Name..... Dont know

13. Birthplace..... Dont know
(City, town, or county) (State or foreign country)

14. Maiden name..... Dont know

15. Birthplace..... Dont know
(City, town, or county) (State or foreign country)

16. (a) Informant..... Leo Runge

(b) Address..... 2824 Keokuk Street

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof..... 1/18/45
(Month) (Day) (Year)

(c) Place: burial or cremation..... Old SS. Peter & Paul Cem

18. (a) Signature of funeral director..... Gebken-Benz

(b) Address..... 2842 Meramec Street

19. (a) JAN 16 1945
(Date received local registrar)

J. F. Bredeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No..... 2824 Keokuk Street
(If rural, give location)

(e) Citizen of foreign country?..... No. (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... January day..... 18th
year..... 1945 hour..... 4 minute..... 30 A.M.

21. I hereby certify that I attended the deceased from..... May 3, 1945 to..... Jan 16, 1945
that I last saw him..... alive on Jan 11, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death..... Uterine Cancer
Non specified

Due to..... Arterio Sclerosis

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 120

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)

Means of injury.....

23. Signature..... J. F. Bredeck M. D. or other.....

Address..... 207 No Grand Date signed..... 1/16

Duration..... 8 1/2

PHYSICIAN

Underline the cause to which death should be charged statistically.

Embalmer sep cert filed

JAN 16 1945

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.....

Licensed Embalmer No.....

P. O. Address.....

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.