

**FILED** MAY 27 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 2066

Registrar's No. 1101

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Old Folks Home 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Years  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Martha Isabelle Runk

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

3. (c) Social Security No. None

4. Sex Female 5. Color or race W

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 Sept 28-1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>8</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name J. L. Runk

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

14. Maiden name Unknown

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

16. (a) Informant Old Folks Home-Records

(b) Address 711 S. Kirkwood Road

17. (a) Removal (b) Date thereof 5-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville, Ill.

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kirkwood, Mo.

19. (a) 5-21-46 (b) E. J. McLaughlin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis

(c) City or town Kirkwood

(d) Street No. 711 S. Kirkwood Road  
(If outside city or town limits, write "RURAL") (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 18  
year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5/1 1946, to 5/18 1946  
that I last saw him alive on 5/17 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: acute cardiac dilatation

Due to myocarditis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

23. Signature R. H. Heslie (M. D. or other) MD  
Address Kirkwood, Mo Date signed 5/24/46

Duration 1 day

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

16811

16  
4  
3

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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.....  
*John M. Simon*

Licensed Embalmer No..... *4343*

P. O. Address..... *7415 E. 3rd St. Pl  
Mpls, Minn*

**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.**