

FILED NOV 25 1946 **318**

Registration District No. _____ Primary Registration District No. **1002**

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:
3309 Osage St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether)
 In this community
 years, months or days

3. (a) PRINT FULL NAME **Minnie Rump**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

4. Sex **Female** **5. Color or race** **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **August Rump** **6. (c) Age of husband or wife if** **alive** years
7. Birth date of deceased. **Aug. 9 1854**
(Month) (Day) (Year)

8. AGE: Years **92** Months **2** Days **25** If less than one day
 hr. min.

9. Birthplace **New Orleans La. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business
12. Name **Henry Gieseke** **13. Birthplace** **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Wilhelmina Kettler**
15. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Rump**
(b) Address **3309 Osage St.**

17. (a) Burial, cremation, or removal **Burial** **(b) Date thereof** **11-7-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **National Cem.**

18. (a) Signature of funeral director **Witt Bros. & Sons**
(b) Address **2928 S. Jefferson Av.**

19. (a) NOV 6 1946 **(b) J. J. Braddock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **St. Louis**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3309 Osage St.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **4**
 year **1946** hour **3** minute **00 p.** M.
21. I hereby certify that I attended the deceased from **Jan 1, 1946, to Nov. 4, 1946**
 that I last saw her alive on **Nov 3, 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Right Coronary Artery 10 MO
 Due to **Arterial Sclerosis 10 yrs**
 Due to _____
 Other conditions...
(Include pregnancy within 3 months of death)
83 W
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) _____
 (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?

23. Signature **A. P. Kientel** (M. D. or other)
 Address **3606 Leavens** Date signed **11/5/46**
(Specify type of place) (e) Means of injury

MAR 25 1942

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So. Jefferson a

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.