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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947
Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3586
Registrar's No. 143

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ellisville,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway #50.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 54 years
years, months or days)

3. (a) PRINT FULL NAME Evad C. Runwe,
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife George E. Runwe,
6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased Mar. 6, 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 12
If less than one day hr. min.

9. Birthplace St. Louis County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Louis Strecker,

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

14. Maiden name Virginia Catherton,

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

16. (a) Informant Mrs. Gda Schatz,

(b) Address Ellisville, Mo.

17. (a) Burial (b) Date thereof Jan. 21, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or Bethel Cem. Pond, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.

19. (a) 1-23-47 (b) Ruth J. Allent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis, 91
(c) City or town Ellisville,
(If outside city or town limits, write "RURAL")
(d) Street No. Highway #50.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 18,
year 1946 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov. 20
1946 to Jan 18 1947
that I last saw h er alive on 9 Jan 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis
Myel. induration
Senility
7/4 peritonitis
Due to
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
Signature Henry F. Scott (M. D. or other) M.D.
Address Ballwin Mo Date signed Jan 20-47

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

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..... *Harry F. Schrader*

Licensed Embalmer No. *2091*

P. O. Address *Ballwin Mo.*

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.