

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3132 S. 7th St. /
(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 Mary Runde

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 Married
6. (b) Name of husband or wife Herbert 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Nov. 29 1898
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Evansville Indiana /
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Unknown Pedigo

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

14. Maiden name Unknown _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant Herbert Runde

(b) Address 3132 S. 7th St.

17. (a) Burial (b) Date thereof 11/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Wacker-Heldt

(b) Address 3634 Gravois Ave.

19. (a) NOV 15 1948 (b) J. B. Lester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3132 S. 7th 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 13
year 1948 hour 8:30 minute _____ A. _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebellar Apoplexy
Duration _____

Due to _____
Due to _____

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) _____

(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? _____ Means of injury Car

23. Signature Patrick E. Taylor, M.D.
(M.D. or other)

Address 1300 Clark Date Signed 11-15-48

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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 *Robert C. Wolke*
Licensed Embalmer No. *2178*
P. O. Address *Quincy 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.