

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42782

State File No. _____

318

1003

10281

Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____									
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> , b. COUNTY _____													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> ,			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> ,			259								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1213 No. Seventh St.,</u>				d. STREET ADDRESS (If rural, give location) <u>1213 No. Seventh St.,</u>													
3. NAME OF DECEASED a. (First) <u>Marie</u> (Type or Print)				b. (Middle) _____		c. (Last) <u>Rummenie</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 1, 1950.</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 5, 1866</u>		9. AGE (In years last birthday) <u>84</u>		10. MONTHS _____		11. DAYS _____		12. HOURS _____		13. MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>St Home</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Joseph Hennick</u>				13b. MOTHER'S MAIDEN NAME <u>Clara Phelan</u>				14. NAME OF HUSBAND OR WIFE <u>Frank Rummenie, (Deceased)</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Rummenie, 1213 No. Seventh St.,</u> ADDRESS _____											
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Endocarditis</u> <u>Mitral Regurgitation</u> DUE TO (b) <u>Acute Rheumatism</u> DUE TO (c) <u>Chorea</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> <u>10 yr</u> <u>10 yr</u> <u>10 yr</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HHH</u>													
22. I hereby certify that I attended the deceased from <u>1940</u> 19____, to <u>12/1/50</u> , that I last saw the deceased alive on <u>Dec 1, 1950</u> , and that death occurred at <u>6:30 P.M.</u> from the causes and on the date stated above.																	
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>1075 Madison</u>				23c. DATE SIGNED <u>12/2/50</u>									
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 1, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Boniface Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Quincy, Illinois</u>											
DATE REC'D BY LOCAL REG. <u>DEC 3 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Gebken-Benz Mortuary, 2842 Meramec St.,</u> ADDRESS <u>St. Louis, Mo.</u>											

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

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 me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....
Joe E. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.