

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6590

State File No. _____

FILED FEB 16 1951

1106

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Reg. 6150 Kingsbury		d. STREET ADDRESS (If rural, give location) 6150 Kingsbury	
3. NAME OF DECEASED a. (First) Minnie (Type or Print)		b. (Middle) Alice c. (Last) Rummell	
4. DATE OF DEATH Feb. 2. 1951		5. SEX F	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH April 24, 1875		9. AGE (In years last birthday) 75 yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Lincoln Ill		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME G. B. Roberts		13b. MOTHER'S MAIDEN NAME Stevenson	
14. NAME OF HUSBAND OR WIFE L. W. Rummell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. H. S. Rummell	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Anoxia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Anoxia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
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) (m.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H43X</u>	
22. I hereby certify that I attended the deceased from <u>1945</u> , to <u>2/2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/2</u> , 19 <u>51</u> , and that death occurred at <u>9:30 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>WPE Linei</u>		23b. ADDRESS <u>601 University Club Bldg</u>	
23c. DATE SIGNED <u>2/3/51</u>		24. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24a. BURIAL, CREMATION, REBURYAL (Specify)		24b. DATE Feb. 3, 1951	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. <u>FEB 5 1951</u>		REGISTRAR'S SIGNATURE <u>J B Foster</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons</u>		ADDRESS	

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

Dr. Elmer, MD
HSA 1-3
Je 6088

11011

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 617 Pelina

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.