

STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1951

State File No. 1040

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005 Registrar's No. 1040

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place)		2159	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The St. Louis Altenheim		e. STREET ADDRESS (If rural, give location) 5408 So. Broadway	
3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Rump c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan. 31 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Mch. 13 1878
9. AGE (In years last birthday) 72		10. UNDER 1 YEAR 10	11. UNDER 1 MRS. Hours Min. 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Clement Ill.
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Herman Rump	
13b. MOTHER'S MAIDEN NAME UnKnown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME John W. Hoerr		ADDRESS 5408 So. Broadway	

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>Chr. Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>19 mo 23 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>		DUE TO (c)		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Perniciosa anemia</u>				3 years
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) <u>St. Louis</u> <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H2O</u>
22. (I hereby certify that I attended the deceased from <u>May 3</u> , 19 <u>48</u> , to <u>Jan 31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 30</u> , 19 <u>51</u> , and that death occurred at <u>6:45am</u> , from the causes and on the date stated above.		
23a. SIGNATURE (Degree or title) <u>Max Stanbly, M.D.</u>	23b. ADDRESS <u>512 Dorel Place</u>	23c. DATE SIGNED <u>2/1/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 2 1951	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. P. Fendler Jr.</u>
DATE REC'D BY LOCAL REG. FEB 9 1951		REGISTRAR'S SIGNATURE <u>J. B. Casner</u>
ADDRESS 7128 Michigan		

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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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No. 3093

P. O. Address

7128 Michigan

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.