No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28681 7111

FILED AUG 25 1951

BIRTH NO. _____ REG. DIST. NO. 519 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington 0362
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)
a. (First) ARTHUR
b. (Middle) CHARLES
c. (Last) RUMPELT

4. DATE OF DEATH (Month) (Day) (Year) 8 - 9 - 51

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 3-30-1887

9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank President

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Ind

12. CITIZEN OF WHAT COUNTRY? U

13a. FATHER'S NAME Charles B Rumpelt

13b. MOTHER'S MAIDEN NAME Anna Michel

14. NAME OF HUSBAND OR WIFE Nelda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nelda Rumpelt - Washington, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBROVASCULAR ACCIDENT. — INTERVAL BETWEEN ONSET AND DEATH 4 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) HYPERTENSION, ESSENTIAL — several years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 334 X

22. *I hereby certify that I attended the deceased from* 8-4, 1951, *to* 8-9, 1951, *that I last saw the deceased alive on* 8-9, 1951, *and that death occurred at* 4:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE G. C. Vermillion M.D. (Degree or title)

23b. ADDRESS BARNES HOSPITAL

23c. DATE SIGNED 8-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 8-9-51

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) Washington (State) Mo

DATE REC'D BY LOCAL REG. AUG 9 1951

REGISTRAR'S SIGNATURE J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Otto & Co Washington Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 29 1951

JAN 8 1953

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address St Louis 10 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.