

STANDARD CERTIFICATE OF DEATH

State File No. 10526

FILED APR 12 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2791

1. PLACE OF DEATH a. COUNTY City		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 4 months		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4517 South Kingshighway		d. STREET ADDRESS (If rural, give location) 4517 South Kingshighway	

3. NAME OF DECEASED a. (First) Miriam b. (Middle) F. c. (Last) RUNYAN			4. DATE OF DEATH (Month) (Day) (Year) March 24, 1952		
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR	IF UNDER 1 HR.
				Month	Days	Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Voice Teacher	10b. KIND OF BUSINESS OR INDUSTRY Hagen Music Studio	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James H. Gibson	13b. MOTHER'S MAIDEN NAME Margarita Warren	14. NAME OF HUSBAND OR WIFE Benjamin Runyan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 498-22-0042	17. INFORMANT'S SIGNATURE OR NAME Mr. Walter W. Gibson	ADDRESS 7806 Bonhomme Ave.
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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		INTERVAL BETWEEN ONSET AND DEATH 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. cardiac-vascular		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) heart disease DUE TO (c) with hypertension		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4431
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22. I hereby certify that I attended the deceased from 12/27/51 to 3-24-52, that I last saw the deceased alive on 3-24-52, and that death occurred at 7:10 pm, from the causes and on the date stated above.

23a. SIGNATURE D. C. [Signature]	(Degree or title) M.D.	23b. ADDRESS 4523 Kingshighway	23c. DATE SIGNED 3-24-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 26, 1952	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. MAR 25 1952	REGISTRAR'S SIGNATURE J. Cash Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons, Inc.	ADDRESS 6175 Delmar Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Jose E. McCulloch

Licensed Embalmer No. 2 K 3 0

P. O. Address 617 57 Palma

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.