

REC'D DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40677

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10132

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived; if limitation: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>4000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Louis City Hospital #1</u>		d. STREET ADDRESS (If rural, give location) <u>RR. 13, Box 375</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>IRA</u> b. (Middle) <u>Runnels</u> c. (Last) <u>Runnels</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER 3, 1952</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Dec. 23, 1899</u>	9. AGE (In years last birthday) <u>52</u>	10. UNDER 1 YEAR <u>10</u> Months	11. UNDER 24 HRS. <u>10</u> Hours <u>10</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>MARION, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
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13a. FATHER'S NAME <u>John Runnels</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIS</u>		14. NAME OF HUSBAND OR WIFE <u>Wennie Runnels</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Puster</u> ADDRESS <u>RR 13, Box 375 St. Louis</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatic Coma</u>		ANTECEDENT CAUSES <u>Laennec's Cirrhosis</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <u>Bleeding gastric ulcer</u>					
		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) _____	
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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>5811</u>	
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22. I hereby certify that I attended the deceased from 10-27-52, 19, to 11-3-52, 19, that I last saw the deceased alive on 11-3-52, 19, and that death occurred at 1:25P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. Higgins, M.D.</u> (Degree or title)		23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>11-3-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>NOV 5, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARION Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>MARION, ILL.</u>	
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DATE REC'D BY LOCAL REG. <u>NOV 5 1952</u>		REGISTRAR'S SIGNATURE <u>Charles Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bull Campbell Mortuary</u> ADDRESS <u>4215 Pembroke Blvd</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

**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

*Rex Campbell*

Licensed Embalmer No. 3881

P. O. Address 112 Main St. S.W.

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.