

FILED SEP 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30004

State File No.

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. (DIST.) NO. 5592 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Jefferson County, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>3683a Wilmington Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mountain View Convalescent Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>AUGUST</u>	b. (Middle) <u>A.</u>	c. (Last) <u>RUNGE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, () WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>May 12, 1879</u>	9. AGE (In years if under 1 year last birthday) Months Days Hours Min. <u>76 yrs</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>United Railways</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Henry Runge</u>	13b. MOTHER'S MAIDEN NAME <u>Fredricka Kuntz mann</u>	14. NAME OF HUSBAND OR WIFE <u>Sophie A. Roehl Runge</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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Runge, 6343a Alabama Ave.</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Worse/4X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u>		

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 (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?
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22. I hereby certify that I attended the deceased from 8-18, 1955, to 9-12, 1955, that I last saw the deceased alive on 9-12, 1955, and that death occurred at 7:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. D. Smith</u>	(Degree or title) <u>M.A.</u>	23b. ADDRESS <u>112 Miss. Ave. Crystal City, Mo.</u>	23c. DATE SIGNED <u>9-13-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-16-55</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Concordia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-15-55</u>	REGISTRAR'S SIGNATURE <u>John C. Regan</u>	502	25. FUNERAL DIRECTOR'S SIGNATURE <u>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
SEP 20 1955

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. None

working under my personal supervision.

Student None
Student Embalmer

Signed Felix J. Krupar

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.