

No. 300
10.48

THE DIVISION OF HEALTH OF THE STATE OF INDIANA
STANDARD CERTIFICATE OF DEATH

35477

State File No.

FILED OCT 25 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2370

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights

c. LENGTH OF STAY (in this place) 2 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Indiana

b. COUNTY _____

c. CITY OR TOWN Evansville

d. Is Residence within limits of a city or incorporated town? Yes No

STREET ADDRESS (If rural, give location) 2212 E. Michigan

3. NAME OF DECEASED

a. (First) Robert

b. (Middle) J.

c. (Last) Rung

4. DATE OF DEATH

(Month) (Day) (Year)

October 15, 1955

5. SEX male

6. COLOR OR RACE white

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

8. DATE OF BIRTH January 9, 1955

9. AGE (In years last birthday) 9 Months 6 Days 6

If UNDER 1 YEAR: Hours 6 Min. 6

If UNDER 2 HRS. Hours 6 Min. 6

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

10b. KIND OF BUSINESS OR INDUSTRY child

11. BIRTHPLACE (City and State or Foreign Country) Evansville, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James E. Rung

13b. MOTHER'S MAIDEN NAME Margaret O'Leary

14. NAME OF HUSBAND OR WIFE None

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. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. James E. Rung 2212 E. Michigan

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart (Transposition)

ANTECEDENT CAUSES Cyanosis (of Great B.V.)

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

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 10/14/55

19b. MAJOR FINDINGS OF OPERATION Transposition of Great B.V. (Non-Remediable)

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) 7823

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 10/10, 1955, to 10/15, 1955, that I last saw the deceased alive on 10/14, 1955, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph L. Lucido M.D.

23b. ADDRESS 1634 N. Grand - ST. Louis (21)

23c. DATE SIGNED 10/15/55

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

24b. DATE 10-16-55

24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

24d. LOCATION (City, town, or county) (State) Evansville, Indiana

DATE REC'D BY LOCAL REG. 10-15-55

REGISTRAR'S SIGNATURE Herbert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Walter G. Burnley*
Licensed Embalmer No. *420*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.