

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2980

FILED JAN 26 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 215

1. PLACE OF DEATH a. COUNTY		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>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <u>15 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>6835 Magnolia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6835 Magnolia</u>					

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Joseph</u>		b. (Middle)		c. (Last) <u>Rung</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6th 1956</u>	
-------------------------------------	--	--------------------------	--	-------------	--	-----------------------	--	---	--

5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 18th 1860</u>		9. AGE (In years last birthday) <u>95</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
--------------------	--	-------------------------------	--	---	--	--	--	---	--	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Interior Decorator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Painter</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
---	--	--	--	--	--	---	--	--	---	--	--

13a. FATHER'S NAME <u>Joseph Rung</u>			13b. MOTHER'S MAIDEN NAME <u>Christine ??????</u>			14. NAME OF HUSBAND OR WIFE <u>Olga Rung</u>		
---------------------------------------	--	--	---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Rung, St. Louis Mo.</u>		ADDRESS <u>3746 Robert Ave.</u>	
--	--	-------------------------------------	--	---	--	---------------------------------	--

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
		ANTECEDENT CAUSES 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. <u>General arteriosclerosis</u>						<u>years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	--	--	--	--	--	--	--	--

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec 30, 1955 to Jan 6, 1956, that I last saw the deceased alive on Jan 6, 1956, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Vincent F Fennsend</u> (Degree or title)		23b. ADDRESS <u>3761 Sutton Ave Maplewood, Mo</u>		23c. DATE SIGNED <u>1-7-56</u>	
--	--	---	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
--	--	-------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>JAN 9 1956</u>		REGISTRAR'S SIGNATURE <u>J. B. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>JAY B. SMITH, Maplewood, Mo.</u>		ADDRESS	
--	--	--	--	--	--	---------	--

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..... *J. Allen Davis Jr.*

Licensed Embalmer No..... *46*

P. O. Address..... *MS*

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.