

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

6824  
1600

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis Mo. (No. 65th) Sanitarium..... St. .... Ward)

**2. FULL NAME**

Henry Runkge  
(a) Residence. No. 2824 Freitank St. 13 Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 50 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 21-1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 10 24

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Stone contractor  
(b) General nature of industry, business, or establishment in which employed (or employer). Unknown  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Germany

10. NAME OF FATHER Unknown  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
12. MAIDEN NAME OF MOTHER Unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT W. B. Case  
(Address) 5400 General St. St. Louis Mo.

15. FILED 17 1930 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) 2-15-1930  
17.

I HEREBY CERTIFY, That I attended deceased from 12-2-1927, to 2-15-1930, that I last saw him alive on 2-15-1930, and that death occurred on, the date stated above, at 8 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar pneumonia  
108  
630  
(duration) yrs. mos. 27 ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis  
(duration) yrs. mos. 14 ds. +

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF —  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) W. B. Case M.D.

2-15-1930 (Address) 5400 General St. St. Louis Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter & Pauls C. DATE OF BURIAL Feb. 18 1930

20. UNDERTAKER J. H. Schen L & W. Co. ADDRESS 2628 Groves

WRITE PLAINLY, WITH UNBLENDING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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