

JUN 12 1935

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

Do not use this space.

791  
1003

18106

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. 7128 Pennsylvania Ave.) St. .... Ward)

File No. ....  
Registered No. 4449

2. FULL NAME Rudolph Rundquist

(a) Residence, No. 7128 Pennsylvania Ave. / Ward. .... (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... mln.  
40 5 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Abraham Rundquist

14. BIRTHPLACE (CITY OR TOWN) Sweden (STATE OR COUNTRY)

15. MAIDEN NAME Emma Hedeon

16. BIRTHPLACE (CITY OR TOWN) Sweden (STATE OR COUNTRY)

17. INFORMANT Emma Rundquist (ADDRESS) 7128 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn DATE May 18 1935

19. UNDERTAKER Wm. Schumacher (ADDRESS) 3013 Meramec St.

20. FILED MAY 17 1935 19. J. Bledsoe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15 1935 to May 16 1935

I last saw him alive on May 15 1935 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 8-10 yrs ago

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) Burhard P. Hunt, M. D.  
(Address) 6006 Virginia Avenue

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.

THIS IS A PERMANENT RECORD

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