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.

DEC 12 1935

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

Do not use this space.

9793

File No. 37816

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. DePaul Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Alice Mary Runge

(a) Residence, No. 4922 Highland St., 6 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1910

7. AGE YEARS 25 MONTHS 9 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME Thomas J. Cradick

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

MOTHER

15. MAIDEN NAME Alice Burke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wooster Mass.

17. INFORMANT (ADDRESS) Thomas J. Cradick 4922 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov 23, 1935

19. UNDERTAKER (ADDRESS) Chas. L. Stuart 1225 Union Blvd.

20. FILED [illegible] 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to Nov 20, 1935

I last saw her alive on Nov 20, 1936. Death is said to have occurred on the date stated above, at 2:15 P.m.

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

Shock — from child-birth — dry delivery

Date of onset

1476

Other contributory causes of importance:

Long — hard labor

Forceps delivery —

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?

If so, specify

(Signed) W H White, M. D.

(Address) 2803 N. Kingshighway