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.

3 5 5
DEC 3 1936

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

Do not use this space.
42738

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. 4266a Maffitt St. ..... Ward)

File No.....
Registered No. 11264

2. FULL NAME MARJORIE EVA RUNYAN

(a) Residence, No. 4266a Maffitt St., 11 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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1892

7. AGE: Years 44 | Months 6 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

FATHER

13. NAME Henry Klunk

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

MOTHER

15. MAIDEN NAME Katherine Hoerr

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

17. INFORMANT Walter Runyan
(ADDRESS) 4266a Maffitt

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Marcus DATE Nov 14, 1936

19. UNDERTAKER A Stron & Nl Co
(ADDRESS) 2707 No. Grand Blvd.

20. FILED NOV 13 1936 J. F. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1936, to Nov. 11, 1936

I last saw her alive on Nov. 11, 1936. Death is said to have occurred on the date stated above, at 11 p.m.

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

	Date of onset
Pneumonia (hypostatic)	
Bronchitis	

Other contributory causes of importance:

Psychosis (undet. type)	

Name of operation none 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? no 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) Bruce D. Cavelius, M. D.
(Address) 3633 Hais St Louis, Mo.