

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **St. John's Hospital**) St. _____ Ward _____
Registered No. **18189**
4765

2. FULL NAME **Charlotte Rundquist**

(a) Residence, No. **3135 Maury Ave.** St. **16** Ward. (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 **Carl Rundquist**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 26, 1909**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 8 12
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**
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, Mo.**
(STATE OR COUNTRY)

13. NAME **August G. Gayer**

14. BIRTHPLACE (CITY OR TOWN)..... **Des Peres, Mo.**
(STATE OR COUNTRY)

15. MAIDEN NAME **Charlotte Sotman**

16. BIRTHPLACE (CITY OR TOWN)..... **Germany**
(STATE OR COUNTRY)

17. INFORMANT **Carl Rundquist**
(ADDRESS) **3135 Maury Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Memorial Park Cemetery** **May 11, 1937**

19. UNDERTAKER **Mr. M. Schumacher**
(ADDRESS) **4834 Natural Bridge**

20. FILED **MAY 10 1937** **J. P. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 8, 1937.** 19

22. I HEREBY CERTIFY, That I attended deceased from **4-2-37**, to **5-8-37**

I last saw her alive on **5-7-37**, 1937. Death is said to have occurred on the date stated above, at **8 A.** m.

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

Bacterial Endocarditis Date of onset **Feb 1937**
Cerebral Embolism **4-27-37**
Cerebral Thrombosis

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?

If so, specify.....

(Signed) **Carl Gayer**, M. D.

(Address) **3700 Washington**

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.

8990
OCCUPATION

