

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

Do not use this space. 0

JUN 29 1937

21375

1. PLACE OF DEATH

County **St. Louis**
Township **Carondelet**
City **Koch**

Registration District No. **1123**
Primary Registration District No. **6248B**
No. **Koch Hospital**

File No.
Registered No. **215**
St. Ward)

2. FULL NAME

Gustaf Rundquist
(a) Residence, No. **6215 Alabama** St. Ward.

Length of residence in city or town where death occurred **3** yrs. **15** mos. **15** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1-30-1900**

7. AGE YEARS **37** MONTHS **3** DAYS **21** If LESS than 1 day, hrs. or min.

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

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) **10-15-36** 11. Total time (years) spent in this occupation **life**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, MO**

13. NAME **Abraham Rundquist**

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

15. MAIDEN NAME **Adine Hedgen**

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

17. INFORMANT (ADDRESS) **Hospital Records**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Park Lawn** DATE **May 24** 19**37**

19. UNDERTAKER (ADDRESS) **W. Scheinwachs 3013 Meramec**

20. FILED **May 21** 19**37** **G. Mowry** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-21** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **2-6** 19**37** to **5-21** 19**37**
I last saw him alive on **5-21** 19**37** Death is said to have occurred on the date stated above, at **8:30** a.m.

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

Spontaneous pneumothorax Date of onset **1936-7**
Chronic Pulmonary tuberculosis **1936**

Other contributory causes of importance:
Intestinal tuberculosis **1937**

Name of operation Date of
What test confirmed diagnosis? **Sputum X-ray** Was there an autopsy? **Yes**

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) **A. J. Steiner** M. D.
(Address) **Koch Hospital, Koch, Mo.**

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.

