

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.

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32724

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1008
 (b) Township Primary Registration District No. Registered No. 8778
 (c) City St. Louis, (d) Street No. De Paul Hospital, St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Aiken D. Rummel

(a) Residence, No. 5475 Cabanne Ave. St. 5
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Etta J. Rummel.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 1 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Life Insurance
 9. Industry or business in which work was done, as saw mill, bank, etc. Agent
 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) Ohio13. NAME Herbert Rummel,14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Eleanor McIntyre16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Mrs. A. D. Rummel
(ADDRESS) 5475 Cabanne Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon, Ky. DATE Sept. 20, 193719. FUNERAL DIRECTOR Wagoner Undertaking Co.
(ADDRESS) 3621 Olive St.20. FILED SEP 20 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 18 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15 1937, to Sept 18 1937.
 I last saw him alive on Sept 18 1937. Death is said to have occurred on the date stated above, at 4 p. m.
 The principal cause of death and related causes of importance were as follows:

Cardiac Failure
Shock following
cholecystectomy
cholelithiasis
Empyema of Fore Head
 (Other contributory cause of importance: No other heart disease)
 Date of onset 126

Name of operation Cholecystectomy Date of 9-11-37
 What test confirmed diagnosis? Cephrine Was there an autopsy? No

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 None
 (Signed) Raymond A. Henry, M. D.
 (Address) 5720 Washington

JAN 25 1955

STATEMENT BY LICENSED EMBALMER

I, Elmer C. Grothe, Licensed Embalmer No. 3351

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Elmer C. Grothe

Licensed Embalmer No. 3351

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)