REC'D APR 12 1939

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

8670
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 2435

(c) or City St Louis, Mo. (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 57 Nellie Runzi.

(a) Residence, No. 6020 North Broadway. St. 9
(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: 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 Theodore Runzi.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1871.

7. AGE: 67 YEARS | MONTHS: 4 | DAYS: 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME Thomas W Ford.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

MOTHER
15. MAIDEN NAME Katherine Ward.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine.

17. INFORMANT (ADDRESS) Theodore Runzi, Jr., 6020 North Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Mar. 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED MAR 14 1939 19 J. F. Bridick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1939, to March 12, 1939
I last saw her alive on March 12, 1939 Death is said to have occurred on the date stated above, at 9:00 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	3/7/39

Other contributory causes of importance:
Bronchopneumonia

Name of operation Appendectomy Date of 3/8/39
What test confirmed diagnosis? Clinical & Pathology 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? No
If so, specify .....
(Signed) Henry E Westerman, M. D.
(Address) 2136 East Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2967

P. O. Address 2161 E. Fair Ac

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

If this body is not embalmed, above space should be left blank.