REG'D APR 7 1939

APR 1 - 1939

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

12410
Do not use this space.

1. PLACE OF DEATH
(a) County Saint Louis — Registration District No. 784
(b) Township or (c) City Carondelet — Primary Registration District No. 200 — Registered No. 593
Jefferson Barracks — (d) Street No. Veterans Facility 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. Unkn. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles S. Runkles
(a) Residence, No. 506 North 5th Street, St. Springfield, Illinois.
(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 Mrs. Nellie Runkles
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1883
7. AGE: Years 55 — Months 7 — Days 15 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal Miner
9. Industry or business in which work was done, as 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) Auburn, (STATE OR COUNTRY) Illinois

FATHER
13. NAME J. G. Runkles
14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Sarah Stark
16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Illinois

17. INFORMANT Clinical Clerk, Jefferson (ADDRESS) Barracks, Missouri.
18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Ill. DATE April 1, 1939
19. FUNERAL DIRECTOR (NAME) C. Hoffmeister U.t.L.co. (ADDRESS) 7814 S. Broadway
20. FILED APR 1 - 1939 R. Meyer M.D. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1939
22. I HEREBY CERTIFY, That I attended deceased from October 2, 1938, to March 31, 1939
I last saw him alive on March 31, 1939. Death is said to have occurred on the date stated above, at 8:25 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Embolism, cerebral, post-operation | 1 hr. |

Other contributory causes of importance:

| | |
|---|---|
| Fracture, left mandible with osteomyelitis. | 15 mos. |

(Over)

Name of operation Bone graft (see other side) Date of 3-29-39
What test confirmed diagnosis? Autopsy findings. 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) C. H. HUGHES, Chief Med. Officer, M. D.
(Address) VAF., Jefferson Barracks, Mo.

(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.

PRESS FIRMLY, USING INK—THIS IS A PERMANENT RECORD

Operation: Bone graft for fracture mandible. 3-29-39
Removal 10th rib, right side. 3-29-39.

Contributary causes of death continued:

| | Duration |
|---|---|
| Bronchitis, chronic, asthmatic type with emphysema | 15 years |
| Hypertension, arterial, moderate, with tachycardia; | Not known |
| Valvular Heart Disease, tricuspid-stenosis. | Not known |

**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 Geo. W. Hoffmeister

Licensed Embalmer No. 2426

P. O. Address 7814 So. Bro

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

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