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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34374

Registration District No. 1003 (791)

Primary Registration District No.

Registrar's No. 8912

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether years, months or days)

In this community

REC'D NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4516 Beacon Av.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME August Rump 510

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Rose

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased Aug. (Month) 17 (Day) 1875 (Year)

8. AGE: Years 64 Months 2 Days 2 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name August Rump
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Amelia Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Rump
(b) Address 3309 Osage St.

17. (a) St Mathews (Burial, cremation, or removal) (b) Date thereof 10-21-39 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews

18. (a) Signature of funeral director Witt Bro. & Co.
(b) Address 3626 S. Jefferson Av.

19. (a) UCT 20 1939 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19, year 1939 hour 5:05 minute A. M.

21. I hereby certify that I attended the deceased from October 13, 1939, to October 19, 1939, that I last saw him alive on October 19, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bleeding Duodenal Ulcer	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. M. Pike (M. D. or other)
Address 1515 Lafayette, 10/19/39

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 — WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Paul A. Shamblin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shamblin

Licensed Embalmer No. 2472

P. O. Address 2998 S. Jefferson

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.)

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