

**MAR 25 1941 7911**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

**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:  
St. Louis City Hospital #1   
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 Days  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Oscar Rongey

3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. 488-05-5107

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Rongey  
 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Sept. 3 1908  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>5</u>	<u>5</u>	hr. min.

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

10. Usual occupation Claim Investigator  
 11. Industry or business American Auto Insurance Co.

MOTHER FATHER { 12. Name Oscar Rongey  
 13. Birthplace Bonne Terre Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Tina Olson  
 15. Birthplace Stockholm Sweden  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Rongey  
 (b) Address 1531 Bacon St.

17. (a) Burial (b) Date thereof 2-11-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery  
Cullinane Bros.  
 18. (a) Signature of funeral director 1710 N. Grand Blvd.  
 (b) Address \_\_\_\_\_

19. (a) FEB 10 1941 (b) J. F. Bredich  
(Data received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1531 Bacon St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 8,  
 year 1941 hour 10:40 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from February 5, 1941 to February 8, 1941;  
 that I last saw h. alive on February 8, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Tuberculosis  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions None  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
 23. Signature Secund Baebis (M. D. or Other) \_\_\_\_\_  
 Address 1515 Lafayette Avenue Date signed 2/10/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

*Fred Frick*

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

**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, fact should be so stated above.**