

16510

S. No. 2

OM-2-43

5-17-39

I X35967

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

4960

Registration District No. _____

Primary Registration District No. _____

1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 69 Years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Otto A. Rummelin3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Lou Rummelin 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased March 24 1874
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
69 2 3 _____ hr. _____ min.9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Laborer11. Industry or business Park Department

12. Name Unknown
 13. Birthplace Unknown 99
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lou Rummelin
(b) Address 445 Wilmington17. (a) Burial (b) Date thereof 5-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)(a) Place: burial or cremation Bethania18. (a) Signature of funeral director Southern Funeral Home(b) Address 6322 So. Grand Blvd.19. (a) MAY 28 1943 J. F. Bruesch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town City of St. Louis 91
(If outside city or town limits, write "RURAL")
 (d) Street No. 445 Wilmington
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day May
year 1943 hour 5:00 minute P. M.21. I hereby certify that I attended the deceased from May 11
1943 to May 28 1943
that I last saw her alive on May 28 1943
and that death occurred on the date and hour stated above.Immediate cause of death: Uremia Duration _____Due to Hypertrophied ProstateDue to Benign HypertrophyOther conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings: Large prostateOf operation: Stone in bladder

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?

23. Signature M. S. Magee (Specify type of plate) (M. D. or other) _____Address 1799 Grand Blvd Date signed 5/27/43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Dr. Moore
Funeral Body

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 *Virgil L. Berryman*
Licensed Embalmer No. *4618*
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.