

FILED DEC 3 1943

Registration District No. 318

Primary Registration District No. 1003

10158

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4619 Minnesota Ave.,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME..... Jemina A. Rumford

3. (b) If veteran, name war..... Nil 3. (c) Social Security No..... Nil

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

6. (b) Name of husband or wife..... Joseph Rumford 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... October 10 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 1 9 hr. min.

9. Birthplace..... Menard County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business..... Home

12. Name..... Charles Lemar

13. Birthplace..... Martin County Indiana
(City, town, or county) (State or foreign country)

14. Maiden name..... Melissa Poe

15. Birthplace..... Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mr. Louis Conner

(b) Address..... 4619 Minnesota Ave.,

17. (a) Removal (b) Date thereof..... 11-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Petersberg, Ill.,

18. (a) Signature of funeral director..... Albert H. Hoppe

(b) Address..... 4700 Washington Blvd.,

19. (a) NOV 19 1943 (b) J. F. Brudick.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 17
9 15
 (c) City or town..... Saint Louis
(If outside city or town limits, write "RURAL")
 (d) Street No..... 4619 Minnesota Ave.,
(If rural, give location)
 (e) Citizen of foreign country?..... No., (Yes or No)
 If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19,
 year 1943 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from May
 1943, to Nov 19 1943

that I last saw her alive on Nov 12 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Gastritis
Arteriosclerosis
Arthritis

Due to..... Semiplety
and degenerative changes

Due to.....

Other conditions..... Mental deterioration
(Include pregnancy within 3 months of death)

Major findings:
 Of operations..... 51
 Of autopsy.....

Duration
2 months
2 years
34 years.

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)..... No
 (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..... Leroy E. Ellison (M. D. or other)..... MD
 Address..... 3610 Sd Broadway Date signed..... 11-19-43

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..... *Ray W. Wilkinson*

Licensed Embalmer No..... *3575*

P. O. Address.....

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.