

FILED DEC 29 1944
 318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Deaconess Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **18 Days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **17**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **6821 Balsom Ave**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **William Calvin Runion**
 3. (b) If veteran, name war **No.** 3. (c) Social Security No. **498-01-7875**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec** day **18** year **1944** hour **9** minute **5 A.M.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Julia** 6. (c) Age of husband or wife if alive **50** years
 7. Birth date of deceased **July 4, 1875**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov 15**, 19**44**, to **Dec 18**, 19**44**
 that I last saw him alive on **Dec 18**, 19**44**
 and that death occurred on the date and hour stated above.

8. AGE: Years **69** Months **5** Days **14** If less than one day
 hr. _____ min. _____

Immediate cause of death **Uremia**
 Duration **1 mo**

9. Birthplace **St. Charles Co., Mo.**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Carpenter & Painter**

Due to **Carcinoma of Bladder Artery** **3 yrs**
 Due to _____

11. Industry or business _____
 12. Name **Rufus Runion**
 13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Elizabeth ?**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Other conditions **52**
(Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

16. (a) Informant **Julia Runion**
 (b) Address **6821 Balsom Ave. St. Louis, Mo.**
 17. (a) **Burial** (b) Date thereof **Dec. 20, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation **Casket**
 18. (a) Signature of funeral director **Jay E. Smith**
 (b) Address **7456 Grandchester Maplewood**
 19. (a) **DEC 19 1944** (b) **J. H. ...**
(Date received by registrar) (Registrar's signature)

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) (c) Means of injury _____
 23. Signature **Vincent F. Forness** (M. D. or other) **MD**
 Address **31019 Sutton Ave Maplewood Mo** Date signed **12.19.44**

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

MOTHER FATHER

OCT 31 1945

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.