V. S. No. 2
00M—5-43
Rev. 5-17-39
No. I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15535

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 4365

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:
2824 Keokuk St.
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2824 Keokuk St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leo George Runge

3. (b) If veteran, name war

3. (c) Social Security No. 492-05-9910

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May (Month) 13 (Day) 1900 (Year)

8. AGE: Years 45 Months 0 Days 2 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

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

MOTHER
14. Maiden name Anna Terborg
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Elizabeth Runge
(b) Address 2824 Keokuk St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/45 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter&Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) MAY 17 1945 (Date received local registrar) (b) C. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th year 1945 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from March 2nd, 1945, to May 15th., 1945, that I last saw him alive on May 15th., 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Ulcerative Tuberculosis, Lungs affected	7 yrs.
Due to Bronchopneumonia	24 hrs
Due to Chronic Catarrhal Enteritis	9 mont
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 Ralph K. Dittrich (M. D. or other) D.C.
Address 3407 S. Grand Blvd. Date signed 5/16/45.

(Licensed Embalmer's Statement on Reverse Side)

Dittrich

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 Francis Williamson

Licensed Embalmer No. 3565

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.