

FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

6961

Registrar's No. ....

1584

Registration District No. ....

318

Primary Registration District No. ....

1003

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

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:  
6121 Ouida Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community.....  
 years, months or days)

3. (a) PRINT FULL NAME Theodore Runzi Sr.

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased April 26 1855  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 92 9 20 hr. min.

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

10. Usual occupation Tinsmith

11. Industry or business

12. Name Andrew Runzi

13. Birthplace Switzerland  
 (City, town, or county) (State or foreign country)

14. Maiden name Ellen Walter

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

16. (a) Informant Frank Runzi

(b) Address 6121 Ouida Ave.

17. (a) Burial (b) Date thereof. 2-18-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc

(b) Address 2161 E. Fair Ave.

19. (a) FEB 16 1948 (b) J. J. Bernick  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(e) State Missouri (b) County Carroll  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6121 Ouida Ave  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15  
 year 1948 hour 8 minute 20 a. m.

21. I hereby certify that I attended the deceased from April 15 1945 to Feb. 15 1948  
 that I last saw him alive on Feb. 12 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death General arteriosclerosis Duration 2

Due to.....

Due to.....

Other condition Chronic Myocarditis  
 (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 Henry C. Wisterman M.D. (M. D. or other)

Address 21369 East Grand Av. Date signed 2-16-48

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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.....

*Welfred J. Buchholz*....., Registered Apprentice No. *1*  
working under my personal supervision.

Signed *William G. Buchholz*.....

Licensed Embalmer No. *3110*.....

P. O. Address *St. Louis 1910*.....

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.