0.300
0.48

RUMISTEIN

FILED JUN 29 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 21961

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5321

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2904 University St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 10 St. Louis 2109
d. STREET ADDRESS (If rural, give location): 2904 University St. 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Rumistein

**4. DATE OF DEATH** (Month) (Day) (Year): June 16, 1950

**5. SEX**: F.
**6. COLOR OR RACE**: W.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2
**8. DATE OF BIRTH**: Nov. 12, 1860
**9. AGE** (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): nil
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country): St. Louis, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John Phillip Schonhorst
**13b. MOTHER'S MAIDEN NAME**: Katharine Maesik
**14. NAME OF HUSBAND OR WIFE**: Joseph Rumistein

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Mrs. Letitia Leavea 2917 No. Spring Ave.

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: about 10 yrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Senility — about 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

4500

22. *I hereby certify that I attended the deceased from* June 11, 1950, *to* June 16, 1950, *that I last saw the deceased alive on* June 15, 1950, *and that death occurred at* 2.15P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): G. C. Fritschel MD O
**23b. ADDRESS**: 3306 - So 13 St Louis Mo
**23c. DATE SIGNED**: June 17/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 6
**24b. DATE**: 6-19-50
**24c. NAME OF CEMETERY OR CREMATORY**: Valhalla Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**DATE REC'D BY LOCAL REG.**: JUN 18 1950
**REGISTRAR'S SIGNATURE**: J. B. Lusater
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Arthur J. Donnelly 3840 Lindell Blvd

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Thomas R. Fenwi

Signed.....
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Linde

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**