

FILED JAN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43815
State File No. 11094

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 000 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (in this place) 5 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves

d. STREET ADDRESS (If rural, give location) 223 W. Big Bend Rd.

3. NAME OF DECEASED (Type or Print)
a. (First) Frank b. (Middle) Amelia c. (Last) Von Rump

4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 25, 1876 9. AGE (In years last birthday) 73 UNDER 1 YEAR UNDER 1 MONTH

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Holly, Michigan 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Chester W. Buck 13b. MOTHER'S MAIDEN NAME Minnie McFadden 14. NAME OF HUSBAND OR WIFE Herman A. Von Rump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME H. A. VonRump ADDRESS 223 W. Big Bend. Rd. W. G.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 6 days

Over 15 years

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR 260X

22. I hereby certify that I attended the deceased from 12-19-, 1950, to 12-24-, 1950, that I last saw the deceased alive on 12-24-, 1950, and that death occurred at 2:55P m., from the causes and on the date stated above. :

23a. SIGNATURE (Degree or title) H. A. VonRump 23b. ADDRESS 19 E. Lockwood, Webster Groves 19, Mo. 23c. DATE SIGNED 12-26-50

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION 24b. DATE 12-27-50 24c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY 24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.

DATE REC'D BY LOCAL REG. DEC 27 1950 REGISTRAR'S SIGNATURE J. B. Laster 25. FUNERAL DIRECTOR'S SIGNATURE MITTELBERG FUNERAL HOME INC. ADDRESS 73 W. LOCKWOOD AVE

(Licensed Embalmer's Statement on Reverse Side)

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

5001

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 *Robert M Murray*

Signed.....
Student Embalmer

Licensed Embalmer No. *3749*

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.