

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17288

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 42791. PLACE OF DEATH
a. COUNTY St. Louis2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. CITY St. Louisb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) 1 Y 3 M. c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHRONIC HOSPITAL e. STREET ADDRESS (If rural, give location) 23 807 Allen 22393. NAME OF DECEASED (Type or Print) a. (First) BERTHA b. (Middle) _____ c. (Last) RUMPF 4. DATE OF DEATH (Month) (Day) (Year) 5 10 19545. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow ad 8. DATE OF BIRTH January 24, 1876 9. AGE (In years last birthday) Months Days Hours Min. 78 3 1610a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.13a. FATHER'S NAME Nickolas Baumunk 13b. MOTHER'S MAIDEN NAME Susan Mueller 14. NAME OF HUSBAND OR WIFE Louis Rumpf15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertrude Baumunk 7741 Arthur Richmond Heights18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH years ANTECEDENT CAUSES DUE TO (b) Generalized Arteriosclerosis years 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 420022. I hereby certify that I attended the deceased from Feb. 5, 1931 to May 10, 1954, that I last saw the deceased alive on May 10, 1954, and that death occurred at 7:55 A. M., from the causes and on the date stated above.23a. SIGNATURE (Degree or title) George Esker M.D. 23b. ADDRESS 5600 Arsenal 23c. DATE SIGNED 5/10/5424a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5/13/54 24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery St. Louis 24d. LOCATION (City, town, or county) (State) MoDATE REC'D BY LOCAL REG. MAY 12 1954 REGISTRAR'S SIGNATURE Carl Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Robert F. Geph*

Licensed Embalmer No..... *41*

P. O. Address..... *2630*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.