

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006862
STATE FILE NUMBER

318 1003 1826
Registration District No. Primary Registration District No. Registrar's No.

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED VS MAR 7 1961

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **Life**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **4735 Carter Avenue, 15,** Inside Limits Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY _____
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **4735 Carter Avenue, 15,** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **ARMIN A. RUMPF**
4. DATE OF DEATH Month Day Year **Feb. 21st, 1961**
5. SEX **Male**
6. COLOR OR RACE **White**
7. Married Widowed Never Married Divorced
8. DATE OF BIRTH **8-12-1896**
9. AGE (last birthday) **64**
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Route Salesman**
10b. KIND OF BUSINESS OR INDUSTRY **Milk**
11. BIRTHPLACE (City and state or country) **St. Louis, Missouri,**
12. CITIZEN OF WHAT COUNTRY **USA**
13a. FATHER'S NAME **Martin Rumpf**
13b. MOTHER'S MAIDEN NAME **Emma Hopf**
14. NAME OF HUSBAND OR WIFE **Late Emma Rumpf**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes World War # 1**
17. INFORMANT Address **St. Ann's, Mo. Mrs. Carol Sebastian, 4210 St. Linus,**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Grand Mal Convulsion**
DUE TO (b) **RECURRENT MENINGITIS**
DUE TO (c) **223X**
INTERVAL BETWEEN ONSET AND DEATH **1 1/2**
O.K. Paul J. Smith Deputy Coroner 1/6/61

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **APR 25, 1960** to **JAN 20, 1961** and last saw her alive on **JAN 20, 1961**
Death occurred at **4 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Quentin J. Wick M.D.**
22b. ADDRESS **1325 S. GRAND**
22c. DATE SIGNED **2-23-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**
23b. DATE **2-24-61**
23c. NAME OF CEMETERY OR CREMATORY **St. Peters Cemetery**
23d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR ADDRESS **CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., St. Louis, 15, Missouri**
25. DATE RECD. BY LOCAL REG. **FEB 23 1961**
26. REGISTRAR'S SIGNATURE **Paul Smith, M.D.**

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 John A. Mlesnar

Licensed Embalmer No. 4186

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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