

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035368

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2710

STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

FILED OCT 9 1961

1. PLACE OF DEATH
a. COUNTY St Louis County
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Weldon, Mo Length of stay in lb YRS. YRS.
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Rockwood Manual Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St Louis
c. CITY OR TOWN Weldon Inside Limits Yes No
d. STREET ADDRESS (if outside, give location) 6470 Plymouth Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Anna Middle Rundberg Last Rundberg 4. DATE OF DEATH Month 9 Day 20 Year '61

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4-11-1879 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR. Months 8 Days 9 Hours 24 Min. 8

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY HOME 11. BIRTHPLACE (City and state or country) unknown 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Elmer Rundberg

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. — 17. INFORMANT Address Rockwood Nurs. Home

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease
DUE TO (b) Arteriosclerosis, General
DUE TO (c) —
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 — a.m. — p.m. — Month, Day, Year —

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 9-14-61 to 8-21-61, and last saw her alive on 8-21-61
Death occurred 9-20-61 4:24 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dunk N. Ash, M.D. (Doctor or title) 22b. ADDRESS 60150 Brentwood Clayton Mo 22c. DATE SIGNED 9-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-25-61 23c. NAME OF CEMETERY OR CREMATORY Jefferson Bkls. Nat'l. Cemetery 23d. LOCATION (City, town, or county) (State) Jefferson Barracks, MO

24. FUNERAL DIRECTOR COUNTY HOSP. ADDRESS CLAYTON, MO 25. DATE RECD. BY LOCAL REG. 9-25-61 26. REGISTRAR'S SIGNATURE John C. Murphy 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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.