

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **St. John's Hospital** St. Ward)

19745
 File No. **5354**
 Registered No.

2. FULL NAME

John C Runge
 (a) Residence, No. St. **12** Ward. **Stanton, Illinois**
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. **2** mos. **1** da. How long in U.S., if of foreign birth? **75** yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** **4. COLOR OR RACE** **White** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **Sophia Runge**
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 24 1913**
7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
85 **10** **20**

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Retired**
 (b) General nature of industry, business, or establishment in which employed (or employer) **Blacksmith**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

10. NAME OF FATHER **Herbert Fred**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
12. MAIDEN NAME OF MOTHER **Mathilda Alphonse**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT **Miss Anna Runge**
 (Address) **Stanton, Illinois**

15. MAY 24 1929 **May C. Starkey**
 FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 14 1929**
17. I HEREBY CERTIFY, That I attended deceased from **5/12/29**
, 19...., to **May 17**, 19....
 that I last saw him alive on **May 13**, 19...., and that death occurred, on the date stated above, at **12:25 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chc. interstitial nephritis
 (duration) yrs. mos. da.
CONTRIBUTORY **Myocarditis & bronch**
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? **No** DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? **All laboratory tests**
 (Signed) **J. P. H. Hunter**, M. D.
 (Address) **Hennrich Bldg**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Stanton, Illinois** **DATE OF BURIAL** **May 16 1929**

20. UNDERTAKER **Wm. Hunter** **ADDRESS** **Stanton Illinois**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

106-14

