

DEC 3 1936

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

Do not use this space.

42836

## 1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. St. Johns Hospital

File No.

Registered No. 11393

St. .... Ward)

## 2. FULL NAME Anna M. Runge

(a) Residence, No. ....  
(Usual place of abode)

St. N R Ward.

Staunton, Illinois.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 25, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	67	1	19	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Public Schools)
	10. Date deceased last worked at this occupation (month and year).....
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Nokomis,  
(STATE OR COUNTRY) Illinois

13. NAME J. C. Runge

14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

15. MAIDEN NAME Sophia Ahlers

16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)17. INFORMANT Ella Timmermann  
(ADDRESS) Staunton, Illinois18. BURIAL, CREMATION, OR REMOVAL  
PLACE Staunton, Ill. DATE November 17, 193619. UNDERTAKER Albert H. Hoppe Inc.,  
(ADDRESS) 2429 N. Euclid Avenue20. FILE NOV 16 1936 J. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 14th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1936 to Nov 14, 1936. I last saw him alive on Nov 14, 1936. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis  
Hypertension

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?.....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury.....  
Nature of injury.....24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify(Signed) Chas Hugh Jackson, M. D.  
(Address) Humboldt Bldg.

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.

