

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

Do not use this space.

7017

File No. \_\_\_\_\_  
Registered No. 1883  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791  
Township St. Louis Mo. Primary Registration District No. 1003  
City St. Louis Mo. (No. 2500 W. Dodder St.)

**2. FULL-NAME**

Joseph H. Rupprecht  
(a) Residence, No. 2500 W. Dodder St., 20 Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10 - 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>8</u>	<u>12</u>	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph Rupprecht

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Barbara Kunkel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Francis E. Rupprecht  
(Address) 2509 W. Dodder St.

15. FILED Feb 22 1930 Max C. Starkey  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1929 to Feb 22, 1930, and that I last saw him alive on Feb 21, 1930, and that death occurred, on the date stated above, at 1:40 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arteriosclerosis

CONTRIBUTORY (SECONDARY) Ch myocarditis  
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) B. H. Sewing, M. D.

22, 1930 (Address) 2342 St. Louis Ave.

\*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 Calvary DATE OF BURIAL Feb. 25 - 1930

20. UNDERTAKER Aug Brockland & Co ADDRESS 1421 N. 9th

K. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

104

