

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

Do not use this space.

31651

1. PLACE OF DEATH

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

File No.
Registered No. **8369** St. Ward)

2. FULL NAME

(a) Residence, No. *1425* St. *Ward 26*
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *20* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 9 1888</i>			
7. AGE	YEARS <i>45</i>	MONTHS <i>5</i>	DAYS <i>16</i>
			If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>factory</i>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Richwood Mo.</i>			
FATHER	13. NAME <i>Geo Ruppel</i>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>		
MOTHER	15. MAIDEN NAME <i>Jane Munn</i>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>		
17. INFORMANT (ADDRESS) <i>Wm J. Kent City Ward</i>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Ridgewood</i> DATE <i>Sept. 26 33</i>			
19. UNDERTAKER (ADDRESS) <i>Callender Bros. 2610 28th St. St. Louis</i>			
20. FILED <i>SEP 26 1933</i> 19 <i>J. F. Brebeck</i> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 23 1933*

22. I HEREBY CERTIFY, That I attended deceased from *9-18*, 19*33*, to *9-25*, 19*33*

I last saw him alive on *9-25*, 19*33*. Death is said

to have occurred on the date stated above, at *7:30* m.

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

Myocardial Stenosis
92A
105A
111B **97**
Other contributory causes of importance:
Acute Bronchitis
Pulmonary Edema

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? *Yes*

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) *W. J. Kent*, M. D.

(Address) *City Ward*

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.

OCT 20 1933

