

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

Do not use this space.

JUL 8 - 1937

791

22004

1. PLACE OF DEATH

County.....

Registration District No.....

1008

File No.....

Township.....

Primary Registration District No.....

Registered No.....

5756

City St. Louis

(No.)

Union Station 18th. & Market St.

Ward.....

2. FULL NAME Charles J. Ruppenthal.

(a) Residence, No. 5985 Lotus Ave. St., 6 Ward 9
(Usual place of abode)

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Widowed

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

Sophia Ruppenthal.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1867.

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day,hrs. ormin.

70

2

3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Baggage Agent.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Union Station.

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)

St. Louis, Missouri.

MOTHER FATHER

13. NAME August Ruppenthal.

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

unknown

15. MAIDEN NAME Marinda Lenz.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

17. INFORMANT (ADDRESS)

Mrs. Harry Sample 5985 Lotus Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Johns Cemetery DATE June 12, 1937

19. UNDERTAKER (ADDRESS)

Geo. L. Plutsch Inc. 5966 Easton Ave

20. FILED

JUN 11 1937

19

J. Predeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1937

22. I HEREBY CERTIFY That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 3 a. m.

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

Coronary Occlusion
Arteriosclerosis

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

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? No

If so, specify.....

(Signed) Alfred Perry, M. D.

(Address) Deputy Coroner

MARGIN RESERVED FOR BINDING
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.

V. S. No. 2
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