

PR 6 - 1939

MAY 11 1939

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

16149
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 284
(b) Township 1 Primary Registration District No. 115 Registered No. 623
(c) City Annandale City Street No. # 6638 Pershing Ave St.
(d) (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. # 6638 Pershing Ave (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county of city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Charles L. Dillon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 - 1860
7. AGE YEARS 78 MONTHS 8 DAYS 5 If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Gasconelle (STATE OR COUNTRY) Mo

13. NAME George Rippley

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

15. MAIDEN NAME Helena

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

17. INFORMANT (ADDRESS) Mrs Lucille P. Lee
6638 Pershing Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mausoleum DATE April 7th 1939

19. FUNERAL DIRECTOR (NAME) C. P. Couston & Sons (ADDRESS) # 7293 Delmar Blvd.

20. FILED APR 6 - 1939 W. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1937 to April 4 1939

I last saw her alive on April 4 1939 Death is said to have occurred on the date stated above, at 1:30 P. m.

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

arteriosclerotic heart disease Date of onset 1937

Other contributory causes of importance:

arteriosclerosis
chronic interstitial nephritis
senility

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) Frank J. Krebs M. D. (Address) 3500 Grand Blvd

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.

3500 N. Grand
Apr 8-9 + 3-6
No - 1463

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~city~~

....., Registered Apprentice No.

working under my personal supervision.

Signed Bradford A Miles.

Licensed Embalmer No. 2901

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.