

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29354

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 1690

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Ballwin
 (c) Name of hospital or institution: PINE CREST HOME #
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 years
 In this community 3 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5502 Naturalbridge
 (If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HERMAN RIEPE
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month AUGUST day 10TH
 year 1941 hour 1 minute 12 P. M.
 21. I hereby certify that I attended the deceased from February 5th 1941 to August 10th 1941.
 that I last saw him alive on Aug 9th 1941
 and that death occurred on the date and hour stated above.

4. Sex MALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 21 1872
 (Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis
 Duration _____

8. AGE: Years Months Days If less than one day
69 2 19 hr. min.

Due to 93d
 Due to Arterio Sclerosis
 Other conditions Arterio Sclerosis
 (Include pregnancy within 3 months of death)

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Invalid

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name William Riepe
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Weise
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Walter F. Winkelman
 (b) Address 5502 Naturalbridge
 17. (a) Burial (b) Date thereof 8-14-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Johns Cem.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Hy. Leidner Und. Co.
 (b) Address 2223 St. Louis Ave.
 19. (a) 1961 11 30 (b) E. J. McEvan
 (Date received local registrar) (Registrar's signature)

23. Signature R. W. Janssen (M. D. assistant)
 Address Manchett Ave Date signed 8/11/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Embalmed by Bopp and Co

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.