

S. No. 2
M-5.42
v. 5-17-33

7701/

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1

FILED MAR 11 1943

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 252

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

1. PLACE OF DEATH:

(a) County Affton, Missouri *H. Laub*

(b) City or town Affton

(c) Name of hospital or institution:
35 Grantwood Lane
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County _____

(c) City or town Affton

(d) Street No. 35 Grantwood Lane
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME William J. Ruprecht

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9,
year 1943 hour 1:15P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 1/12/42
to 2/7/43, 19____; 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 Married

6. (b) Name of husband or wife Marguerite Ruprecht

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 27, 1890
(Month) (Day) (Year)

Immediate cause of death Cornary occlusion 6 wks
Diabetes mellitus 5 yrs
Arteriosclerosis - gen. 5 "

8. AGE: Years Months Days If less than one day

| | | | |
|----|---|----|----------------|
| 52 | 7 | 13 | hr. _____ min. |
|----|---|----|----------------|

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Manager, Sand Materials

11. Industry or business _____

12. Name William J. Ruprecht

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Emmenegger

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy 61

16. (a) Informant Mr. Edward Ruprecht

(b) Address 35 Grantwood Lane

17. (a) Burial (b) Date thereof 2-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Mausoleum

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 Southern Funeral Home

(b) Address 6322 South Grand Blvd.

19. (a) FEB 12 1943 (b) C. H. McHenry
(Date received local registrar) (Registrar's signature)

23. Signature Louis Cohen (M. D. or other)

Address 4500 Olive St. St. Louis Date signed 2/10/43

MAR 22 1948

AUG 22 1950

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.

Signed

Virgil L. Berryman

.....
Licensed Embalmer No. *94018*

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, fact should be so stated above.