

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

FILED JUL 24 1943

Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Meramec River, Kirkwood
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Meramec River, 3
 (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:

(a) State Missouri (b) County St. Louis
 (c) City or town Chesterfield, Rt. 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edward John George Ruppel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 Dec. 2 1920
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 7 14 hr. min.

9. Birthplace Webster Groves Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Meter reader

11. Industry or business Union Electric Co.

MOTHER FATHER { 12. Name Edward Ruppel

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

14. Maiden name Bertha Schultz

15. Birthplace Webster Groves Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harper

(b) Address 10 Harwood Lane, Kirkwood, Mo.

17. (a) Burial (b) Date thereof 7-19-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Center Ballwin, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) JUL 19 1943 (b) _____
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
 year 1943 hour 4:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Drowned while swimming in Meramec River. Duration _____

Due to Drowning.

Due to _____

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

Major findings: Of operations _____

Of autopsy Yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident. 125

(b) Date of occurrence July 16, 1943

(c) Where did injury occur? Meramec River
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place (Specify type of place)

While at work? _____ (c) _____ of injury _____

23. Signature Louis H. Roy
 Address Kirkwood, Mo. 7-17-43 Date signed _____

JUL 28 1942

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..... *Louis H Bapp*
Licensed Embalmer No.....
P. O. Address..... *921*

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.