

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 210

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town St. Louis RICHMOND HEIGHTS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Mary's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 hours  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 000  
 (c) City or town St. Louis Place 17  
 (If outside city or town limits, write "RURAL") 9  
 (d) Street No. 4133 Lea Place  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 1

3. (a) PRINT FULL NAME Mary Rupp  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 23  
 year 1944 hour 10 minute 0 P. M.  
 21. I hereby certify that I attended the deceased from Jan 23  
1944 to Jan 23 1944  
 that I last saw her alive on Jan 23 1944  
 and that death occurred on the date and hour stated above.

4. Sex female 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 Jan. 23 1944  
 (Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Prematurity - (6 1/2 months)  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
0 0 0 7 1/2 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph H. Rupp

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

14. Maiden name Mary L. Higgins

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

16. (a) Informant Joseph H. Rupp  
 (b) Address 4133 Lea Place

17. (a) Burial (b) Date thereof 1/26/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery  
 18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address 2117 E. Grand Blvd.  
 19. (a) JAN 26 1944 (b) E. G. McFarland, Jr.  
 (Date received local registrar) (Registrar's signature)

Major findings:  
 Of operations \_\_\_\_\_  
159  
 Of autopsy \_\_\_\_\_

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 \_\_\_\_\_  
 23. Signature L. M. Jordan (M. D. or other)  
Isaac Berg Date signed 1/26/44

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

*Person*  
*Lester Widg*

**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..... *Frank A. [Signature]*

Licensed Embalmer No..... *3041*

P. O. Address..... *2117 E. St*

**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.**