

FILED JAN 31 1945
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 622

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Isolation Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11-18-44 to 1-9-45
(Specify whether)
 In this community _____
 years, months or days 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6635 Wise -- 5800 Arsenal
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Caroline Rupp

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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 March 2 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 17 hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name George Rupp

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

14. Maiden name Mary

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Edith V. Minor

(b) Address 5600 Arsenal

17. (a) Burial (b) Date thereof 1/23/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Cloyton Rd. at Concordia Lane

19. (a) JAN 22 1945 J. F. Budeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
 year 1945 hour 9 minute _____ a.m.

21. I hereby certify that I attended the deceased from 11-18-44
 _____, 19____, to 1-19-45, 19____;

that I last saw her alive on 1-19-45, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death bronchopneumonia Duration 3 days

Due to 107
 Due to _____

Other conditions generalized arteriosclerosis 20 yrs
(Include pregnancy within 5 months of death)

Major findings: Of operations _____

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 Harold J. ... (M. D. or other) M.D.

Address 5600 Arsenal St. Date signed 1-19-45

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

2
13
39
7823

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..... 

Licensed Embalmer No. 1999

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.