

No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32167**
Registrar's No. **7710**

FILED SEP 31 1946

Registration District No. _____ Primary Registration District No. **1003**

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 **De Paul Hospital**
(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 **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **8310 S. Broadway**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Frank Ruprecht Sr.**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Caroline Ruprecht**
6. (c) Age of husband or wife if alive **81** years
7. Birth date of deceased **May 18 1861**
(Month) (Day) (Year)

8. AGE: Years **85** Months **3** Days **17**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Merchant**
11. Industry or business **Sand & Gravel**

MOTHER FATHER
12. Name **Joseph Ruprecht**
13. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Barbara Kunkel**
15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Caroline Ruprecht**
(b) Address **8310 S. Broadway**

17. (a) **Burial** (b) Date thereof **Sept. 9, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Old SS. Peter & Paul Cem.**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
(b) Address **7814 S. Broadway**

19. (a) **SEP 6 1946** (b) **J. Redek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **September** Day **5**
year **1946** hour **9** minute _____ P. M.
21. I hereby certify that I attended the deceased from **Sept 4**
to **Sept 5**, 19 **46**, to **Sept 5**, 19 **46**;
that I last saw him alive on **5 Sept.**, 19 **46**;
and that death occurred on the date and hour stated above.
Immediate cause of death **Carcinoma of esophagus**
Duration _____
Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____
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) _____
(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 **C. Hoffmeister** (M. D. or other) **msd**
Address **539 North Grand Blvd** Date signed **9/6/46**

Ken Francis P. ...
539 N. ...
The ... - 130

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: Lenier C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address: 7814 S. Broad

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.