

U.S. No. 2  
 FORM—5-43  
 Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH  
 1003

State File No. **19291**  
 Registrar's No. **7133**

FILED MAY 29 1947  
 Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6165a Delmar  
(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 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6165 a Delmar  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Antoinette (Dotsie) Rippe

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Aug. 28 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>8</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation At Home

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

12. Name Charles Rippe

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

14. Maiden name Antoinette Moehle

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

16. (a) Informant Charles O. Rippe

(b) Address 6165a Delmar

17. (a) cremation (b) Date thereof 5-24-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Alexander Jones

(b) Address 6175 Delmar

19. (a) MAY 22 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22  
 year 1947 hour 11: minute 00 A. M.

21. I hereby certify that I attended the deceased from April 12<sup>th</sup> 1947 to May 22<sup>nd</sup> 1947  
 that I last saw her alive on May 22<sup>nd</sup> 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (R) 4 hours

Due to Hypertension 1944

Due to Hypertensive Heart Disease 1945

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: none 93  
 Of operations \_\_\_\_\_  
 Of autopsy none

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 Aug. G. Nicholson (M. D. or other) \_\_\_\_\_

Address 4600 Maryland Date signed 5/22/47

Duration  
 1944  
 1945  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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**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.....

*Thomas R. Fenwick*

Licensed Embalmer No. ....

*3793*

P. O. Address.....

*6175 Delmar*

**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.**