

FILED JUL 12 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6105 Simpson Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Life
years, months or days

3. (a) PRINT FULL NAME John W. Ruprecht

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male race White

5. Color or race _____

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theresa Marie Ruprecht

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Nov 14 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>7</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Own Business

11. Industry or business Ruprecht Material Co.

MOTHER FATHER

12. Name Frank Ruprecht

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

14. Maiden name Caroline Zinselmeyer

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

16. (a) Informant Theresa Marie Ruprecht

(b) Address 6105 Simpson Ave.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 3 1947
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cem.

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 6464 Chippewa St.

19. (a) JUL 2 1947 (Date received local registrar)

(b) J. F. Brudick (Registrar's signature)

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 6105 Simpson
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1947 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 6/19/45
19____ to 6/30/47 19____

that I last saw h.l.m. alive on 6/16/47 19____

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (m.d.s.s.v.c.) Duration 30 min.

Long history Rheumatic heart disease & enlargement + previous Bundle branch block

Due to _____

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

Major findings: 95

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)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address 671 E. Big Bend Rd. Date signed 7/1/47

Dr. John King
671 E. Big Bend Rd.
RE 0147

1:00 PM

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 Harold J. Skumaker
Licensed Embalmer No. 2179

P. O. Address 7874 S. Broadway

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.