

No. 2  
-5-43  
5-17-39  
I X38677

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42126

State File No. ....

Registration District No. 159

Primary Registration District No. 5591

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural - Hematite  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community 75 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 50

(a) State Mo. (b) County Jefferson

(c) City or town Hematite - Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. ✓  
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME Christopher Mike Ruppel

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12  
year 1947 hour 7 minute 05 P.M.

21. I hereby certify that I attended the deceased from 12 Dec 47 to 12 Dec 1947  
that I last saw him alive on 12 Dec 1947  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased January 12 1868  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 1 day

Due to

Due to Senility

Other conditions (include pregnancy within 3 months of death) 83 A

8. AGE: Years Months Days If less than one day

79 11 00 hr. min.

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

10. Usual occupation Farmer

11. Industry or business self

12. Name Christopher Ruppel

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

14. Maiden name Anna Struckcamp

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

16. (a) Informant Mrs. J. E. Lewis

(b) Address 320 Jefferson

17. (a) Burial (b) Date thereof 12-14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Victoria Mo.

18. (a) Signature of funeral director J. Lee Soto

(b) Address Lee Soto Mo.

19. (a) 12-16-47 (b) Richard Marsden  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations none

Of autopsy none

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 0

23. Signature Paul V. ... (M. D. or other) MD  
Address Lee Soto Mo. Date signed 12-22-47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 3  
District File Number  
Date Filed 12/29/47

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 *Lee Mollerhead*  
Licensed Embalmer No. *3531*  
P. O. Address *Asote mo*

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.