

V. S. No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUN 12 1948

FEDERAL BUREAU OF INVESTIGATION
STANDARD CERTIFICATE OF DEATH
1003

State File No. 17504
Registrar's No. 5007

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 _____
(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 4 Hrs.
In this community Life (Specify whether years, months or days)

3: (a) PRINT FULL NAME Ruth Dalpini
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ugo 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May 27 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 0 2 hr. min.

9. Birthplace Jennings Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Typist Clerk

MOTHER FATHER

11. Industry or business _____
12. Name William Touchard
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Fredericka Kuhlmann
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant David Dalpini
(b) Address 2007 McLaren Ave
17. (a) Burial (b) Date thereof 6-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.
(b) Address 2161 E. Fair Ave

19. (a) JUN 1 1948 (b) J. F. Bracco
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Jennings 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 2007 McLaren Ave 1
W.R. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 29
year 1948 hour 12 minute 30 AM.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage Duration _____
from gunshot wound of liver gland
placed, inflicted at the hands of one
Ruth Dalpini in the home 2007
McLaren Ave Jennings Mo
around 8:30 PM May 28, 1948

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

Major findings: Of operations H&C
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) Homicide
(b) Date of occurrence 5/28/48
(c) Where did injury occur? Jennings Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? No (Specify type of place) Means of injury See above

23. Signature of Registrar J. F. Bracco (M. D. or other)
Address Jennings Mo Date signed 6/1/48

SEP 27 1948

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 *Walter G. Beumler*
.....
Licensed Embalmer No. 14707
.....
P. O. Address *St. Louis, 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.