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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUL 15 1948

State File No. **21304**  
Registrar's No. **6069**

Registration District No. **318** 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 **4 Days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5343** **Conde St**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME **Margaret M. Rupp**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George J.** (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **May 30, 1872**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **1** Days **7** If less than one day hr. min.

9. Birthplace **St. Peters Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

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

12. Name **Fred Deppe**

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

14. Maiden name **Mary Holtgrewe**

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

16. (a) Informant **George J. Rupp**

(b) Address **5343 Conde St.**

17. (a) **Burial** (b) Date thereof **7-10-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Math. Hermann & Son, Inc**

(b) Address **2161 E. Fair Ave**  
**JUL 8 1948** **J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **7th** year **1948** hour **6:00** minute **X30** 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 **Pulmonary Congestion, Fracture of left femur: when she slipped and fell from the last step while going down the back steps leading to the yard at her home, on July 3, 1948, about 8:00 A.M.**

Due to **ACCIDENT**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **ACCIDENT**  
(b) Date of occurrence **7-3-1948**  
(c) Where did injury occur? **St. Louis**  
(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 **Catharine Taylor Deppe** (M. D. or other)  
Address **1500 Clark St** Date signed **7-18-48**

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

MOTHER FATHER

**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.....

*Wilfred F. Buckholz*

....., Registered Apprentice No. 1

working under my personal supervision.

Signed

*Wilfred F. Buckholz*

Licensed Embalmer No. 4202

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.**