

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3207

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 720	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, Missouri		c. LENGTH OF STAY (in this place) 24 Hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION. Missouri Baptist Hospital				d. STREET ADDRESS (If rural, give location) 4130 Clara Place			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) P. c. (Last) Ruppert			4. DATE OF DEATH (Month) (Day) (Year) Jan. 22nd, 1949				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 2nd, 1875	
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Baker		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Unknown Ruppert		13b. MOTHER'S MAIDEN NAME Catherine Breidenbach		14. NAME OF HUSBAND OR WIFE Fred H. Ruppert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred H. Ruppert, 705 Doddridge Street 15			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull; Subdural Hemorrhage suffered when deceased fell down six steps into the basement entrance at his home 1949 Clara Pl</p> <p>ANTECEDENT CAUSES (b) Morbid conditions, any falling rise to the above cause (b) stating the underlying cause fall</p> <p>(c) due to (c) on Jan 21 1949 at about 9:30 am</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____</p>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION E. 903.0 2.0 accident				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 1 21 49 9:30	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR fall					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:55 P. m., from the causes and on the date stated above.							
23a. SIGNATURE <i>John P. Taylor</i> (Degree or title)			23b. ADDRESS 1300 Clark Ave			23c. DATE SIGNED 1/23/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-25-49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
DATE RECD BY LOCAL REG. JAN 22 1949		REGISTRAR'S SIGNATURE <i>J. B. Pasata</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 "at'1. Bridge Bl.		

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

No. 300

19.48

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Ralph C. Linders

Signed _____
Student Embalmer

Licensed Embalmer No. 4275

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.