No. 300
10.48

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25237

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6129

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) (Home) 2568 N. Market

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 2568 N. Market St

3. NAME OF DECEASED (Type or Print)
a. (First) Mrs Mary
b. (Middle) S.
c. (Last) ~~Ruphart~~ Rupert

4. DATE OF DEATH (Month) (Day) (Year) 7-12-49

5. SEX Female
6. COLOR OR RACE Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-23-29
9. AGE (In years last birthday) 19 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Miss
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Sester Woodard
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Johnie ~~Ruphart~~ Rupert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mr Johnie ~~Ruphart~~ Rupert
ADDRESS 2568 N. Market

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Postpartum hemorrhage
DUE TO (c) Retained placental

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Tissue

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 146 C
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 671 X

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 505A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Alfred Perry Dyer Coron
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 7/13/49

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 7-15-49
24c. NAME OF CEMETERY OR CREMATORY ~~Marriana Ark~~
24d. LOCATION (City, town, or county) (State) Marriana Ark.

DATE REC'D BY LOCAL JUL 14 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Gus Lowe
ADDRESS 2930 Dickson St

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student .....
Student Embalmer

Signed Arthur L. Hellbard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 25257 49
Local Registrar's No. 6129

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of ~~birth~~ death
for Mary S. Rupert died ~~born~~ 7-12-1949, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 2 should read Mary S. Rupert
Instead of Mary S. Ruphart
Item No. 14 should read Johnie Rupert
Instead of
Item No. 17 should read Johnie Rupert
Instead of
Item No. ..... should read
Instead of
Item No. ..... should read
Instead of
Item No. ..... should read
Instead of
Item No. ..... should read
Instead of
Item No. ..... should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Johnie Rupert Inf.
Relationship.

~~5700 Minerva~~ 5070 Minerva
Present Address.

Subscribed and sworn to before me this 27 day of Nov., 194.....

My Commission expires 3-4-53 [signature] Notary Public.

Affidavits containing erasures will not be accepted, draw one line through error and write above it.

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