

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28682
7245

FILED AUG 25 1951

318

1003

State File No.

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis				c. LENGTH OF STAY (in this place)		3. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2109					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4222 Red Bud Ave.				d. STREET ADDRESS (If rural, give location) 4222 Red Bud Ave. 0							
3. NAME OF DECEASED a. (First) Helen			b. (Middle) Marie			c. (Last) Rupp			4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 1951		
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 21, 1907			9. AGE (In years last birthday) 44		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Quinlan				13b. MOTHER'S MAIDEN NAME Sadie Adams				14. NAME OF HUSBAND OR WIFE Sylvester Rupp			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sylvester Rupp 422 Red Bud Ave.					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 10 mo	
19a. DATE OF OPERATION Oct 1950				19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 153X							
22. I hereby certify that I attended the deceased from Oct, 1950, to Aug, 1951, that I last saw the deceased alive on Aug 14, 1951, and that death occurred at 1.55A m., from the causes and on the date stated above.											
23a. SIGNATURE Thomas M. Martin 0 (Degree or title) MD				23b. ADDRESS 634 no. Grand				23c. DATE SIGNED 8/14/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-16-51		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. AUG 14 1951		REGISTRAR'S SIGNATURE J. Earl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly 3840 Lindell					

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

Dr Thomas Martin
St Johns Hospital
When signed

Call Me 1000

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.....
W. H. Martin

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.