S. No. 300
. 10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 36798

MED OCT 21 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9288

**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): Missouri Baptist Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wesco 0280 1
d. STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED** (Type or Print)
a. (First): William
b. (Middle): Henry
c. (Last): Rupe

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 6, 1952

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow 2
**8. DATE OF BIRTH**: About 1875
**9. AGE** (In years last birthday): 77?
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): Retired Cigar Maker
**10b. KIND OF BUSINESS OR INDUSTRY**: Tobacco Factory
**11. BIRTHPLACE** (State or foreign country): Canton, Ill. 1
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Moses Rupe
**13b. MOTHER'S MAIDEN NAME**: Mary Unknown
**14. NAME OF HUSBAND OR WIFE**: Myrtle D.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 492-20-7944
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Edward G. Rupe, 3956 Honeycutt San Diego, Cal.

**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) Cardiac - Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cancer of the rectum (Post operative) — estimated - 3 to 4 mo
DUE TO (c)

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

**19a. DATE OF OPERATION**: 9/26/52
**19b. MAJOR FINDINGS OF OPERATION**: Cancer of Rectum
**20. AUTOPSY?** YES ☐ 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)**
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 154X

22. *I hereby certify that I attended the deceased from* 9/19, 1952, *to* Oct 6, 1952, *that I last saw the deceased alive on* Oct 6, 1952, *and that death occurred at* 8:15 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): E. W. Davis MD
**23b. ADDRESS**: 3805 So Broadway St Louis Mo
**23c. DATE SIGNED**: 10/6/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 10-8-52
**24c. NAME OF CEMETERY OR CREMATORY**: Rochelle
**24d. LOCATION** (City, town, or county) (State): Rochelle, Ill.

**DATE REC'D BY LOCAL REG.**: OCT 7 1952
**REGISTRAR'S SIGNATURE**: J. Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Albert H. Hoppe, 4700 Washington Blvd.
M 73
(Licensed Embalmer's Statement on Reverse Side)

## 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 John J. Lucas

Licensed Embalmer No. 4108

P. O. Address.....

**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.**