

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

NOV 12 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2652

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment.) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hgts. | | c. LENGTH OF STAY (In this place) 1 WEEK | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 12, 2059 | |
| | | d. STREET ADDRESS (If rural, give location) 5- 6165a Delmar Blvd. | |

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| 3. NAME OF DECEASED (Type or Print) SOPHIE | a. (First) | b. (Middle) RIPPE | c. (Last) SCHLEGEL | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1952 |
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| 5. SEX F. | 6. COLOR OR RACE W. | 7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Oct. 8, 1868 | 9. AGE (In years last birthday) 84 | 10. UNDER 1 YEAR Months | 11. UNDER 1 YEAR Days | 12. UNDER 1 MIN. Hours | 13. UNDER 1 MIN. Mins. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Charles Rippe | 13b. MOTHER'S MAIDEN NAME Antonette Moehle | 14. NAME OF HUSBAND OR WIFE Richard Schlegel |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give year or dates of service) ***** None | 17. INFORMANT'S SIGNATURE OR NAME Chas. O. Rippe | ADDRESS 6165a Delmar Blvd. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia | | 5 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) intestinal obstruction DUE TO (c) strangulated femoral hernia | | 10 days |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. Cyst of left kidney 2. Cardiosclerosis of blood. | | 10 days | |

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| 19a. DATE OF OPERATION Oct. 6, 1952 | 19b. MAJOR FINDINGS OF OPERATION Strangulated femoral hernia | 5615 | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Oct. 5, 1952, to Oct. 13, 1952, that I last saw the deceased alive on Oct. 13, 1952, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Charles S. Sherwin, M.D. | (Degree or title) | 23b. ADDRESS 3720 Washington | 23c. DATE SIGNED Oct. 14, 1952 |
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|---|-------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 24b. DATE Oct. 14, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory | 24d. LOCATION (City, town, or county) (State) St. Louis Missouri |
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| DATE REC'D BY LOCAL REG. 10/14/52 | REGISTRAR'S SIGNATURE Hubert R. Dambke - M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons, Inc. | ADDRESS 6175 Delmar Blvd. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4005

Dr. Sherwin
3720 Washington
Je. 6744

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 M. W. Ruster

Licensed Embalmer No. 4865

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.