

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 0716

3663
0716

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		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 township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2029			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4914 Bonita				d. STREET ADDRESS (If rural, give location) 2 4914 Bonita 0					
3. NAME OF DECEASED (Type or Print) James			a. (First)		b. (Middle)		c. (Last) Ripper		
4. DATE OF DEATH (Month) (Day) (Year) Jan. 20 1953		5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH Feb. 27 1949	
9. AGE (In years last birthday) 3		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 0		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Arthur Ripper			13b. MOTHER'S MAIDEN NAME Kathleen Linder			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Arthur Ripper 4914 Bonita				ADDRESS	
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) <u>Rhabdomyosarcoma of uremia</u>				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) <u>Rhabdomyosarcoma of Bladder</u>					
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 <u>Jan 17-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Sarcoma Bladder (Rhabdomyosarcoma)</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 181X					
22. I hereby certify that I attended the deceased from <u>Oct 1, 1951</u> , to <u>Jan 20, 1952</u> , that I last saw the deceased alive on <u>Dec 20, 1951</u> , and that death occurred at <u>7:25 P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Elice E. Ostrom</u>				(Degree or title)		23b. ADDRESS <u>arcade Bldg</u>		23c. DATE SIGNED <u>1-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-23-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JAN 22 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. P. Fendler Jr.</u>		ADDRESS <u>7128 Michigan</u>		

(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

Clarence Jackson

Licensed Embalmer No. *3093*

P. O. Address *7128 Michigan*

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.