

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6722

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 31A PRIMARY REG. DIST. NO. 1003 Registrar's No. 1712

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY 2059	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS, MISSOURI township)		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 1 Mo.		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS, CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 5 449 LAUREL	
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) A. c. (Last) RIPLEY			4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 23, 1954
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2	8. DATE OF BIRTH FEB. 7, 1881
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	11. BIRTHPLACE (City and State or Foreign Country) BELLEVILLE, ILL.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME COOPER	13b. MOTHER'S MAIDEN NAME LENA LINK
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) NO	16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME GEORGE RIPLEY		ADDRESS ST. LOUIS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS, MODERATELY ADV.		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) _____	
		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		19b. MAJOR FINDINGS OF OPERATION	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 002X	
22. I hereby certify that I attended the deceased from 1-26-54, 19, to 2-23-54, 19, that I last saw the deceased alive on 2-23-54, 19, and that death occurred at 5:15A m., from the causes and on the date stated above.			
23a. SIGNATURE William A. Trogg		23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 2-23-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 25, 1954	24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEM.	24d. LOCATION (City, town, or county) (State) BELLEVILLE, ILL.
DATE REC'D BY LOCAL REG. FEB 23 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Chas Burke E. St. Louis	

(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.....
Signature of Student Embalmer

Signed..... *Chas. Burke*

Licensed Embalmer No. *242*

P. O. Address *E. St. Lawrence*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.