

STANDARD CERTIFICATE OF DEATH

State File No. **7380**

No. 300

10-48

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

BIRTH NO. FILED MAR 2 1954		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 500	Registrar's No. 402
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Des Peres		c. LENGTH OF STAY (In this place) 3 DAYS	c. CITY OR TOWN Overland # 231	d. Is 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: Ozark Nursing Home		e. STREET ADDRESS (If rural, give location) 2832 Tennyson Avenue		
3. NAME OF DECEASED (Type or Print) Albert Ruppelt		a. (First) Albert	b. (Middle) Ruppelt	c. (Last) Ruppelt
4. DATE OF DEATH Feb. 11, 1954		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
5. SEX Male	6. COLOR OR RACE White	8. DATE OF BIRTH Aug. 18, 1866	9. AGE (In years last birthday) 87	# UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookbinder		10b. KIND OF BUSINESS OR INDUSTRY Bookbinding	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Herman Ruppelt		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lillian D. Ruppelt	
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. 495-12-8843	17. INFORMANT'S SIGNATURE OR NAME Lillian D. Ruppelt	
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) Myocardial Infarction, Chronic		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.?
ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Unknown		
		DUE TO (c) Unknown		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Pulmonary edema		2 Days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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)	4222
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?		
22. I hereby certify that I attended the deceased from 2-9 , 19 54 to 2-11 , 19 54 that I last saw the deceased alive on 2-11 , 19 54 , and that death occurred at 5:30 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE [Signature]		23b. ADDRESS 4929 Woodson Rd Overland, Mo.	23c. DATE SIGNED 2-16-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 2-13-1954	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) Wellston, Mo.	
DATE REC'D BY LOCAL REG. 2-13-54	REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 2504 Woodson Rd. Overland-14-Mo.		

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 *David C. Gibson*

Licensed Embalmer No. *345*

P. O. Address *Overland*

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.