

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033279

FILED VS AUG 10 1960

317

Primary Registration District No. 547

Registrar's No. 2229

STATE FILE NUMBER

|   |   |   |  |  |  |  |                |
|---|---|---|--|--|--|--|----------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY |  |  |                |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Hts</b>   |   | Length of stay in 1b <b>2 Weeks</b>   |  | c. CITY OR TOWN <b>St. Louis</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <b>6262 Walsh St.</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                |
| 3. NAME OF DECEASED (Type or print)<br>First <b>EDWARD</b> Middle <b>J.</b> Last <b>RUPPERT</b>   |   |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>23</b> Year <b>1960</b>                 |  |  |  |                |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>2-10-1911</b>  | 9. AGE (last birthday) <b>49</b>   | IF UNDER 1 YEAR<br>Months Days Hours Min.                                  |  | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tavern Owner-</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Tavern</b>   |  | 11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>  |                |
| 13a. FATHER'S NAME <b>John Ruppert</b>  |   | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>Mary Estelle Ruppert</b>  |  |  |                |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |   | 16. SOCIAL SECURITY NO. <b>None</b>   |  | 17. INFORMANT Address <b>Mary Estelle Ruppert 6262 Walsh St.</b>   |  |  |                |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral meningitis</b><br>DUE TO (b) <b>Tuberculosis?</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>   |                |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |   |  |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown |                |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |  |  |  |                |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____   |   |   |  |  |  |  |                |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION   |  | COUNTY STATE   |                |
| 21. I attended the deceased from <b>July 1950</b> to <b>July 23 1960</b> and last saw him <input checked="" type="checkbox"/> alive on <b>July 23 1960</b><br>Death occurred at <b>11:40 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.                              |   |   |  |  |  |  |                |
| 22a. SIGNATURE (Degree or title) <b>Ed Kramer M.D.</b>  |   |   | 22b. ADDRESS <b>4161 Lucille</b>   |  |  | 22c. DATE SIGNED <b>7-25-60</b>  |                |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |   | 23b. DATE <b>July 27, 1960</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>                      |  | 23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b> |  |                |
| 24. FUNERAL DIRECTOR ADDRESS <b>Kriegshausler 4228 S. Kingshighway Blvd.</b>  |   |   | 25. DATE RECD. BY LOCAL REG. <b>7-26-60</b>  |  | 26. REGISTRAR'S SIGNATURE <b>John B. Murphy</b>                            |  |                |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William B White

Licensed Embalmer No. 4291

P. O. Address 228 S. King

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.