

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-025094

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5824

5824

FILED JUN 18 1962

VS 300 Rev. 4/59

DATE AMENDED

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19003

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>ST. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. Louis</b>		c. CITY OR TOWN <b>LEMAY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JEWISH HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>3658 PARK LAWN</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOHN REPPLE</b>		4. DATE OF DEATH Month Day Year <b>JUNE 11 1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT 11, 1904</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STEAMFITTER</b>		11. BIRTHPLACE (City and state or country) <b>ILLINOIS</b>	9. AGE (last birthday) <b>57</b>
13a. FATHER'S NAME <b>William Repple</b>		14. NAME OF HUSBAND OR WIFE <b>MARY REPPLE</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>		17. INFORMANT <b>MARY REPPLE 3658 PARK LAWN</b>	
13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>570-5</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Aspiration</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Small bowel obstruction(?)</b>			<b>12 hrs.</b>
DUE TO (c) <b>Undetermined cause</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.	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 1957</b> to <b>June 11, 1962</b> and last saw him live on <b>June 11, 1962</b>		Death occurred at <b>10 10 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Thomas Oled MD</b>		22b. ADDRESS <b>3720 Washington</b>	22c. DATE SIGNED <b>6/11/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>JUNE 14, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>ST. Louis Co. Mo</b>
24. FUNERAL DIRECTOR <b>Thomas Ruttis 2906 Gravois</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 12 1962</b>	26. REGISTRAR'S SIGNATURE <b>Roan Smith M.D.</b>

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Morris West  
Barrington Aldg.

RM 901  
Je 3-6525  
2-5 Mendham

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 Eleanore Bounce

Licensed Embalmer No. 3403

P. O. Address 2906 Glendon

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.