MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

✓ 3099

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. 4325 Gano Ave St. ..... Ward)

File No. ..... Registered No. 694

2. FULL NAME Laura Ripple Miles

(a) Residence. No. 4325 Gano St., 10 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lawrence Miles

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-26-1900

7. AGE: Years 26 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): St Louis (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Harry Ripple

11. BIRTHPLACE OF FATHER (CITY OR TOWN): St Louis (STATE OR COUNTRY): Mo

12. MAIDEN NAME OF MOTHER: Francis Bruening

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St Louis (STATE OR COUNTRY): Mo.

14. INFORMANT: Harry Ripple (Address) 4325 Gano Ave

15. FILED JAN 20 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 18 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1924, to Jan 18, 1927, that I last saw her alive on Jan 18, 1927, and that death occurred, on the date stated above, at 7.55 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Embolism

72A

82B 90A

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): Cardiac valvular disease

(duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. Kleinschmidt M. D

1/19, 1927 (Address) 626 Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery

DATE OF BURIAL: 1/22 1927

20. UNDERTAKER: H. A. Stock Und Co

ADDRESS: 2117 E. Grand

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.