

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

Do not use this space.

28215

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1009

City St. Louis (No. 5052 Clayton Ave St. .... Ward)

File No. ....

Registered No. 8058

**2. FULL NAME**

(a) Residence, No. 5052 Clayton St. .... 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

4. COLOR OR RACE

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

male white widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 27 - 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

78 6 13

8. OCCUPATION OF DECEASED

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

Teamster Retires

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

" "

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

10. NAME OF FATHER

Ch. Ripper

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

12. MAIDEN NAME OF MOTHER

Widmayer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

14. INFORMANT

(Address)

John Ripper  
5052 Clayton Ave.

15. FILED

AUG 12 1933

W. C. Thomas

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-9-1930

17. I HEREBY CERTIFY, That I attended deceased from 6-1-1930, to 8-9-1930, that I last saw him alive on 8-9-1930 and that death occurred, on the date stated above, at 9:35 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myocarditis  
191

CONTRIBUTORY (SECONDARY)

Heart Protrusion

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) E. H. Saunders M. D.

8/9 1930 (Address) 4885 Natural Bridge

\*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

DATE OF BURIAL

St. Peters Cem. Aug 12 1930

20. UNDERTAKER

ADDRESS

Wormsburger Ind Co 2720 W. Florissant

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.

