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.

JAN 19 1931

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

Do not use this space.

38593

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph, (No. 3012 Locust St. Ward)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 1331

2. FULL NAME Frederick W. Riepen,
(a) Residence. No. 3012 Locust St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 62 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	80	6	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) General Contractor
(c) Name of employer Self,

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,

PARENTS
10. NAME OF FATHER John Riepen,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,

14. INFORMANT Mrs. F. W. Riepen
(Address) 3012 Locust Street,

15. DEC 15 1930, 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 13, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Dec 13, 1930 that I last saw h alive on 19, and that death occurred, on the date stated above, at 3:18 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
10 R
9 V H
1 (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Mitral insufficiency
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH St Joseph Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF 0
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) F. Thompson, M.D.
Dec 14, 1930 (Address) 825 Charles

*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. Jo. Mem. Park Cem.	Dec. 16 1930.
20. UNDERTAKER	ADDRESS
Heaton-Bergole-Bowman	319 S. 10 St.

Funeral Home