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

Do not use this space.

301

FEB 18 1931

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 124

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Charles H. Rupert Jr.

(a) Residence. No. 1209 Powell Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 28, 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	26	1	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Formerly at Goetz Brewing

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Charles H Rupert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Martinsburg
(STATE OR COUNTRY) West Virginia

12. MAIDEN NAME OF MOTHER Anna Reahart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Weukoma
(STATE OR COUNTRY) Iowa

14. INFORMANT Charles H Rupert
(Address) 1209 Powell St.-St. Joseph Mo.

15. FILED ..., 19 John G. Itz REGISTRAR

JAN 30 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 29 19 31

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1931, to Jan 29, 1931, that I last saw him alive on June 29, 1931, and that death occurred, on the date stated above, at 10/15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General abdominal carcinosis

51 D

52 E

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma 7

Life to stock (duration) unknown yrs. mos. ds.

Testicle

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes no DATE OF May 1930

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) John J. Bond, M. D.

Jan. 30 19 31 (Address) St. Joseph Mo.

*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: Mt. Olivet Cemetery — DATE OF BURIAL: Jan. 31 19 31

20. UNDERTAKER: H. O. Sidenfaden — ADDRESS: 1802 Un

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.