

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 798

Township.....

Primary Registration District No. 1003

City St. Louis (No. 15591)

City City Hospital

2. FULL NAME

(a) Residence, No. 44114 Bingham St. Ward 15
(Usual place of abode)

File No. 2773
Registered No. 475
St. Ward)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE-OF <u>John Ripper</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 7-1862</u>				
7. AGE	YEARS <u>69</u>	MONTHS <u>4</u>	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u> <u>2</u>				
FATHER	13. NAME <u>Thos. Frett</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>			
MOTHER	15. MAIDEN NAME <u>Mary Capps</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>			
17. INFORMANT (ADDRESS) <u>Hospital information</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catoxi Mo</u> DATE <u>Jan 17, 1932</u>				
19. UNDERTAKER (ADDRESS) <u>A. W. B. ...</u>				
20. FILED <u>Jan 15 1932</u> 19 <u>Max E. ...</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12th, 1931, to Jan. 14th, 1932
I last saw her alive on Jan. 14th, 1932 Death is said to have occurred on the date stated above, at 12.45 P.M.
The principal cause of death and related causes of importance were as follows:
Tuberculosis
798 Tuberculosis
Date of onset

Other contributory causes of importance:
23 1

Name of operation None Date of.....
What test confirmed diagnosis? Micro Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Wm. J. ..., M. D.
(Address) City Hospital

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.

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