

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

Do not use this space.

27145.

1. PLACE OF DEATH

94 County St. Louis Registration District No. 772 File No. 814
 4 Township Clavis Primary Registration District No. 4462 Registered No. 10
 6 City Clavis (No. 1) St. Ward

2. FULL NAME

Marion Albert Ripper
 (a) Residence, No. St. Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Ripper
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5th 1869
 7. AGE YEARS 63 MONTHS - DAYS 9 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 29
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24, 1932
 22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1929, to 8-24, 1932
 I last saw him alive on 8-13, 1932. Death is said to have occurred on the date stated above, at 6:40 p.m.
 The principal cause of death and related causes of importance were as follows:

Artificial Hypertension with Chronic myocarditis, hypertensive aortic atherosclerosis and aortic sclerosis. Acute Dilatation of Heart
 Other contributory causes of importance:
 Date of onset 1929

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, DC
 13. NAME Ambrose Ripper
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland
 15. MAIDEN NAME Emeline Coffman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, DC

Name of operation none Date of
 What test confirmed diagnosis? Rapid Exam. Was there an autopsy? yes
 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.

17. INFORMANT Josephine Ripper (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL Parkview Cemetery DATE 8-26, 1932
 19. UNDERTAKER Caldwell Bros (ADDRESS) 701 E. River
 20. FILED 11-14-32 BY Edna G. Hetsch REGISTRAR.

Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) Paul L. Jones, M. D.
 (Address) Edina, Mo

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.

SEP 26 1932

WHILE FADING INK—THIS IS A PERMANENT RECORD

