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

Do not use this space.

30229

File No.

Registered No. 185

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 785

Township Bonhomme — Primary Registration District No. 6031

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Henry Ruppel

(a) Residence. No. Chesterfield, Mo. Rt. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

OCT 29 1932

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 Minnie Ruppel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-3-1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	84	10	26	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Dion Farm

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

PARENTS

10. NAME OF FATHER Henry Ruppel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Margaret Nau

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

14. INFORMANT Harry Ruppel
(Address) Chesterfield, Mo. Rt.

15. FILED 9/30, 1932 C. E. Burnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 29 - 1932

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1932 to Sept. 29, 1932 that I last saw him alive on ....., 19..., and that death occurred, on the date stated above, at 6:40 - A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis
131
92A

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic valvular heart disease

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 1

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Frank Sandfos, M. D.

Sep 30, 1932 (Address) Ballwin 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.

2

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. Johns Cem. Ellisville Mo	Oct-2 1932
20. UNDERTAKER	**ADDRESS**
Schrader Und. Co	Ballwin, 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.

1932 - 29 2

1847 11 - 3

85-10 26