

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

Do not use this space.

3728

1. PLACE OF DEATH
 30 County St. Louis Registration District No. St. Johns Hospital File No. 684
 Township St. Louis Primary Registration District No. St. Johns Hospital Registered No. 684
 City St. Louis (No. St. Johns Hospital St. 124 Ward)

2. FULL NAME Walter C. Ruppert
 (a) Residence, No. 1307 - Wyoming St. 124 Ward. (If nonresident, give city or town and State)
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1896

7. AGE YEARS 36 MONTHS 6 DAYS 10 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER FATHER 13. NAME Henry Ruppert
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Lena Birtzel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Nellie Ruppert
 (ADDRESS) 1307 - Wyoming

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Jan 20 1933

19. UNDERTAKER Wacker, Halderle
 (ADDRESS) 2331 Broadway

20. FILED Jan 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH
No physician in attendance
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1933
 22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Refuse Menstrual
Haemorrhage
Cereb. embolism
 Date of onset 12/1
 Other contributory causes of importance:
8/2/30
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Dr. Bremer M.D.
 (Address) Deputy Coroner
1/20/33

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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