

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

Do not use this space.

File No. **17632**

1. PLACE OF DEATH  
 County St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 6030  
 City Florissant Mo. (No. Florissant Mo.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME  
Josephine Rippen  
 (a) Residence, No. Ph. 2, Florissant, Mo. Ward \_\_\_\_\_  
 (Usual place of abode) (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX female  
 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 Henry Rippen  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 5, 1895  
 7. AGE YEARS 38 MONTHS 2 DAYS 3 If LESS than 1 day, hrs. min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) Missouri  
 MOTHER FATHER 13. NAME August Burke  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 15. MAIDEN NAME Margaret Gerbes  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT Henry Rippen (ADDRESS) Florissant Mo.  
 18. BURIAL, CREMATION, OR REMOVAL Sacred Heart DATE May 11, 1933  
 19. UNDERTAKER Jos. W. Colash (ADDRESS) 1125 N. Hammond St.  
 20. FILED 3 1933 Emmal Hanna Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 4-26-1933 to 5-8-1933  
 I last saw her alive on May 8, 1933 Death is said to have occurred on the date stated above, at 5:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Septicemia (Streptococci infection of upper respiratory tract) Date of onset 4-5-33  
 Other contributory causes of importance:  
Bronchial pneumonia acute nephritis  
acute myocarditis acute nephritis  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Roy Johnson, M. D.  
 (Address) Florissant Mo.

JUN 23 1933

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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