

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.

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

Do not use this space.

MAY 27 1936

16789

1. PLACE OF DEATH  
County ~~Madison~~ 1936 Registration District No. 789  
Township ~~Central~~ Primary Registration District No. 6033  
City ~~Smalltown~~ (No. Mother of Good Council St. Ward)

2. FULL NAME Katherine Ripplinger  
(a) Residence, No. Chicago Ill. St. Ward.  
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) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Ripplinger  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26-1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 6 21  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1936  
22. I HEREBY CERTIFY, That I attended deceased from March 9, 1936 to Apr. 17, 1936  
I last saw him alive on 4-16, 1936 Death is said to have occurred on the date stated above, at 3:05 p.m.  
The principal cause of death and related causes of importance were as follows:  
Chr. myocarditis; Chr. endocarditis, with mitral insufficiency; Chr. arteriosclerosis, generalized; Chr. interstitial nephritis with edema of extremities.  
Other contributory causes of importance:  
Senile dementia, due to cerebral arteriosclerosis; Sec: Uremia, uremic coma. Was in home of Incurables.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
13. NAME Unknown Kolp  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
17. INFORMANT (ADDRESS) Joseph Ripplinger 2208 School St Chicago Ill.  
18. BURIAL, CREMATION OR REMOVAL PLACE St Peter Paul DATE April 20 1936  
19. UNDERTAKER (ADDRESS) Wacker - Helderle 2331 S Broadway  
20. FILED 4-18-1936 Mad Backman Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? cli 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 home, 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) John Turner, M. D.  
(Address) 3718 Jamnige Rd.  
4/18/36

JUN 8 1949