

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

Do not use this space.

16938

1. PLACE OF DEATH

County St. Louis
Township MS
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 222 Pac Hosp.)

File No. _____
Registered No. 3689
St. _____ Ward _____

2. FULL NAME

William Augustus Rupert

(a) Residence, No. 714 Iowa St. St., R-R Ward, Medesha Kansas
(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

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 Mrs W Rupert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-29-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired agent
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) Kans.

13. NAME Unknown Rupert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs W. Rupert

18. BURIAL, CREMATION, OR REMOVAL PLACE Medesha Kans DATE 4/5 36

19. UNDERTAKER (ADDRESS) Rupert & Associates 2633 Dayton Rd

20. FILED APR 5 1936 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from March 22nd 1936, to April 5th 1936.

I last saw him alive on April 5th 1936. Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma - sigmoid
General Peritonitis
(following operation)
Other contributory causes of importance: _____

Name of operation Resection of sigmoid Date of 3/28/36

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? No

If so, specify _____

(Signed) Robert L. Drury, M. D.

(Address) Mo Pac Hospital

1755 So. Grand.

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.

