

REC'D FEB 10 1939

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

791
1003329
Do not use this space.

Registered No. 329

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis Mo (d) Street No. BARNES HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Harold Wagoner Ropiequet
 (a) Residence, No. 1310 College Ave. St. East St. Louis Ill
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 3 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc. W P A
 10. Date deceased last worked at this occupation (month and year) Oct. 1938 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville, Ill.

FATHER 13. NAME Richard W. Ropiequet

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville, Ill.

MOTHER 15. MAIDEN NAME Florence Wagoner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flagler, Iowa

17. INFORMANT (ADDRESS) J. Menestria East St. Louis, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis, Ill. DATE Jan. 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) East St. Louis, Ill.

20. FILED JAN 10 1939 J. B. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 9 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-28-1938 to 1-9-1939

I last saw him alive on 1-9-1938. Death is said to have occurred on the date stated above, at 4:05 a.m.

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

Chronic Adhesive pericarditis
Cardiac decompensation ✓

Date of onset 6-8
9 mos.

Other contributory causes of importance:

Name of operation Pericardiectomy Date of 1-4-39

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) Thomas A. Gaylor M. D.

(Address) BARNES HOSPITAL

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.

STATEMENT BY LICENSED EMBALMER

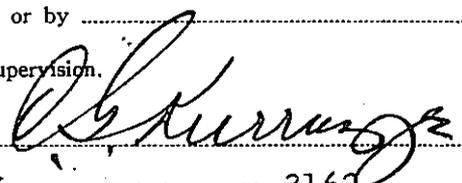
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

C.G. Kurrus Jr

....., or by

Registered Apprentice No..... working under my personal supervision.

Signed.....



Licensed Embalmer No. *3162*

P. O. Address *East St. Louis, Ill.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.