

WRITE PERMANENTLY INK—MAKE A PERMANENT RECORD

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
STANDARD CERTIFICATE OF DEATH

13175

MAY 1 1940

State File No. _____

Registrar's No. **3377**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
709 Dover Place **3**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis **1**
(If outside city or town limits, write "RURAL")

(d) Street No. 709 Dover Place
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mrs. Lydia Rupprecht **162**

8. (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1940 hour 11 minute 10 P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rev. Ferdinand Rupprecht 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased October 12, 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1, 1938, to Apr 12, 1940
that I last saw her alive on April 12, 1940,
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 6 Days - If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis **3 yrs**

9. Birthplace Memphis Tennessee
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Household

11. Industry or business _____

MOTHER FATHER { 12. Name George Moritz Gotsch

13. Birthplace Germany **6**
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Strobel

15. Birthplace Germany **6**
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Lydia Rupprecht

(b) Address 709 Dover Place

17. (a) Burial (b) Date thereof Apr. 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury

18. (a) Signature of funeral director Beiderman Funeral Home

(b) Address 1936 St. Louis Avenue

19. (a) APR 14 1940 (b) J. F. [Signature]
(Date received local health officer) (Signature)

23. Signature Paul [Signature] (M. D. or other) _____
Address 4602 Groves School Date signed 4/13/40

Dr. S. Andrew Young
4602 ...

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Delia J. Krupp*
Licensed Embalmer No..... *3497*
P. O. Address..... *1936 St. Louis*

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.