

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 10184

Primary Registration District No. 101

Registrar's No. 808

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours  
(Specify whether years, months or days)

In this community 1 year 9 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town University City  
(If outside city or town limits, write "RURAL")

(d) Street No. 771 Radcliffe  
(If rural, give location)

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

3. (a) PRINT FULL NAME Lucinda D. Rippe 100

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22  
year 1940 hour 2 minute 45 P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife August Rippe

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 21 1871  
(Month) (Day) (Year)

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE: Years Months Days If less than one day

68 11 1 hr. \_\_\_\_\_ min.

Suicide by liquid poison. (Potassium fluoride)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Arnold Roetter

13. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Smith

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Mrs. Helen Raber

(b) Address 771 Radcliffe U. City, Mo.

17. (a) Burial (b) Date thereof 4-24-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd

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

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

(b) Date of occurrence April 22, 1940

(c) Where did injury occur? University City, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
(Specify type of place)

While at work \_\_\_\_\_ Means of injury suicide

19. (a) Apr 24 1940 (b) J. R. Meyer, M.D.  
(Date received local registrar) (Registrar's signature)

23. Signature John O'Connell (M. D. or other) \_\_\_\_\_

Address George S. Jones Co Date signed 4/23/40

WRITE PLAINLY—USE UNFADING BLACK 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.

31. 11. 19

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**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 \_\_\_\_\_

Albert S. White \_\_\_\_\_, Registered Apprentice No. 209 \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

J. W. Bentley \_\_\_\_\_  
Licensed Embalmer No. 3653 \_\_\_\_\_

P. O. Address St. Louis Mo \_\_\_\_\_

**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.**