

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23370**  
Registrar's No. **5815**

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:  
**5312 Theodosia Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Josephine Ruppel 140**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John Ruppel** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Aug. 3 1862**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **11** Days **5** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis Mo. D**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife** 11. Industry or business \_\_\_\_\_

12. Name **John Wagner**

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

14. Maiden name **Margaret Miller**

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

16. (a) Informant's own signature **Peter A. Ruppel**

(b) Address **5312 Theodosia Ave.**

17. (a) **Burial** (b) Date thereof **7-11-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Zions Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **JUL 10 1940** (b) \_\_\_\_\_  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **6**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5312 Theodosia Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8**  
year **1940** hour **12:45** minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from **Mar. 3**, 19**30** to **July 8**, 19**40**  
that I last saw her alive on **July 8**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage** Duration **5 hrs**  
Due to **arteriosclerosis** **20 yrs**

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

Major findings: **87**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically

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) (a) Means of injury \_\_\_\_\_  
23. Signature **M. N. Helling** (M. D. or other)  
Address **4963 Columbia** Date signed **7/11/40**

1951-1952 FEDERAL GOVERNMENT PRINTING OFFICE: 1951 O-481-100

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.

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Warren A. Carver*

Licensed Embalmer No.....

*3534*

P. O. Address.....

**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.**