

S. No. 2
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Rev. 5-17-39
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1996

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUL 20 1942

Registration District No. 791

Primary Registration District No. 1008

Registrar's No. 5797

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
171

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
91

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FERDINAND RUPPRECHT

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lydia Gotsch Rupprecht

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

7. Birth date of deceased November 10 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>80</u>	<u>7</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Dover Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Editor

11. Industry or business Religious Publication

MOTHER { 12. Name John P. Rupprecht

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

14. Maiden name Anna Sauer

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

16. (a) Informant Laurie J. Rupprecht

(b) Address 709 Dover Pl., St. Louis, Mo.

17. (a) Burial (b) Date thereof July 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home, Inc
While at work? _____ (Specify type of place)

(b) Address 1936 St. Louis Ave. (e) Means of injury _____

19. (a) JUL 8 1942 J. T. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1942 hour 8 minute 47 P.M.

21. I hereby certify that I attended the deceased from July 3 1942 to July 5 1942.
that I last saw him alive on July 5 1942.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus 3 days
Duration

Due to 1 by perforation of 171

Due to _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations none

Of autopsy none

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)

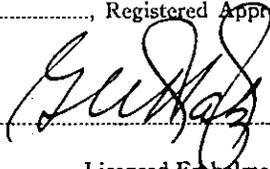
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature R. Rex H. Koch (M. D. or other) _____
Address 3115 P. Grand Ave Date signed 7/6/42

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.....



Licensed Embalmer No.....

3737

P. O. Address.....

1926 St. Louis Ave

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, fact should be so stated above.