

FILED FEB 7 1945 318
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town city of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4437 Morganford Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town city of St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4437 Morganford Road
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida M. Ripper

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Phil J. Ripper
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 31 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 0 24 hr. min.

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

10. Usual occupation housework

11. Industry or business at home

12. Name Phillip Julius

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

14. Maiden name Elizabeth Timborious

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

16. (a) Informant Mrs Edw Helfrich

(b) Address 4437 Morganford Road

17. (a) burial (b) Date thereof 1-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul

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

(b) Address 6322 So. Grand Blvd.

19. (a) JAN 28 1945 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th
year 1945 hour 12:50 minute P.M.

21. I hereby certify that I attended the deceased from 4-21-43
19____ to Jan 22 - 1945
that I last saw her alive on 1-22 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis
Duration _____

Due to Carcinoma of Rt breast
Due to 50 4 yrs

Other conditions (Include pregnancy within 3 months of death)
Major findings: Removal of Rt breast
Of operations 4-27-43

Of autopsy NO
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? _____

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

23. Signature Joseph J. Brebeck (M. D. or other) _____
Address 4045 So Grand Date signed 1/25/45

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

MOTHER FATHER

Dr. Ferris
4065 So Grand Blvd
1-3 P. M.

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.....

Virgil L. Berryman

Licensed Embalmer No.....

4018

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, fact should be so stated above.