No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 13 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19311

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 5401

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

(d) Length of stay: In hospital or institution 5-weeks (Specify whether years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 221 N. Grand Blvd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Brother George Rueppel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July Unk. 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	10	unk.	hr. min.

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

10. Usual occupation Religious

11. Industry or business

FATHER
12. Name Wilebrald Rueppel
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Crescentia Schaefer
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Father Roche
(b) Address 221 N. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Stanislaus Seminary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JUN 1 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st., year 1947 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from April 23, 19 47, to May 31, 19 47, that I last saw him alive on May 31, 19 47, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral thrombosis with bulbar paralysis	6 mos
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? no (e) Means of injury no

23. Signature James B. Stubbs M.D. (M.D. or other)
Address 1160 N. Central Date signed 6-1-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

110 N.Central Ave.,Clayton

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.