

S. No. 2
4-1/47
5-17-39

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30459**

FILED SEP 22 1947

Registration District No. **12**

Primary Registration District No. **1000**

Registrar's No. **1111**

1. PLACE OF DEATH:
 (a) County: **Buchan**
 (b) City or town: **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Sisters Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **6 DAYS**
(Specify whether years, months or days)
 In this community: **6 days**

2. USUAL RESIDENCE OF DECEASED:
 (a) State: **MISSOURI** (b) County: **Andrew**
 (c) City or town: **NEAR SAVANNAH**
(If outside city or town limits, write "RURAL")
 (d) Street No.: **Rural - 1 mile south of**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME **Ruby May Riepe**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex: **F** **5. Color or race:** **W**
6. (a) Single, widowed, married, divorced: **M**
6. (b) Name of husband or wife: **AUGUST RIEPE**
6. (c) Age of husband or wife if alive: **73** years
7. Birth date of deceased: **Dec 7 1880**
(Month) (Day) (Year)

8. AGE: Years: **66** Months: **9** Days: **6**
 If less than one day: _____ hr. _____ min.

9. Birthplace: **new London IOWA**
(City, town, or county) (State or foreign country)

10. Usual occupation: **AT Home**

11. Industry or business: _____

12. Name: **FRANK E. KINS**

13. Birthplace: **new London IOWA**
(City, town, or county) (State or foreign country)

14. Maiden name: **HARRA SUTCLIFF**

15. Birthplace: **SPEERY IOWA**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Ernest Riepe**

(b) Address: **Savannah mo**

17. (a) (Burial, cremation, or removal): **BURIAL** **(b) Date thereof:** **9-16-1947**
(Month) (Day) (Year)

(c) Place: burial or cremation: **SAVANNAH**

18. (a) Signature of funeral director: **E. C. Breit**

(b) Address: **Savannah mo**

19. (a) Date received local registrar: **Sept 16 1947** **(b) Registrar's signature:** **E. C. Breit**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: **9** day: **13**
 year: **1947** hour: **6** minute: **00 A.M.**

21. I hereby certify that I attended the deceased from **Sept 7**
 _____, 19**47**, to **Sept 13**, 19**47**
 that I last saw her alive on **Sept 12**, 19**47**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral hemorrhage**

Due to: **Arteriosclerotic Heart Disease**

Due to: **auricular fibrillation**
Arteriosclerosis general
hypertrophic arthritis

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

Major findings: _____
Of operations: _____
Of autopsy: **yes**

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? _____ **(e) Means of injury:** _____

23. Signature: **Louis B. Neudorff** (M. D. or other) **SM D**

Address: **875 Charles St** **Date signed:** **9/15/47**

PHYSICIAN

 Underline the cause of which death should be charged statistically.

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

11
1
7

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 E. L. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah

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.