No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3008

Primary Registration District No. 1003

Registrar's No. 442

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Firmin DesLogeHospital
(If not in hospital or institution, write street number or location)

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

In this community

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. 4145 TAFT AVE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ripplinger, Gertrude

3. (b) If veteran, name war NONE

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife LATE PETER

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

7. Birth date of deceased MAR. (Month) 14 (Day) 1874 (Year)

8. AGE: Years 73 Months 10 Days 0 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business

FATHER
12. Name UNKNOWN MARKO
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

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

16. (a) Informant PETER RIPPLINGER
(b) Address 4414 S. KINGSHIGHWAY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director KRIEGSHAUSER UND.
(b) Address 4428 S. KINGSHIGHWAY

19. (a) JAN 15 1948 (Date received local registrar) (b) J. T. Bledsoe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14 year 1948 hour 6 minute 52 P.M.

21. I hereby certify that I attended the deceased from Jan. 2, 1948, to Jan. 14, 1948, that I last saw her alive on Jan. 14, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Congestive Heart Failure	1 day
Due to: Arteriosclerotic Heart Disease	Uncertain
with myocardial infarcts (old)	Uncertain
Due to:	
Other conditions (Include pregnancy within 3 months of death): (1) Diabetes Mellitus	12 yr.
(2) Dry gangrene of left foot	4 wks.
(3) Generalized arteriosclerosis (Duration - unknown)	

Major findings:
Of operations
Of autopsy

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)
(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 S. O. Brown (M. D. or other) M.D.
Address 1325 S. Grand Date signed 1/15/48

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

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

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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, fact should be so stated above.