S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

3024

State File No.

FILED FEB 13 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1056

1. PLACE OF DEATH:
(a) County
(b) City or town StLouis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution StJohns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo (Specify whether years, months or days)
In this community 3 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County StLouis 96
(c) City or town Ballwin Hospital 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Augusta P Ruppel
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 15 1890 (Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 15 If less than one day hr. min.

9. Birthplace StLouis County Mo (City, town, or county) (State or foreign country)
10. Usual occupation Owner & Operator of
11. Industry or business Auto body Company

FATHER
12. Name George Ruppel
13. Birthplace New Orleans La (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Neuberg
15. Birthplace New Orleans La. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Wm McKinnon
(b) Address Ballwin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Manchester Mo
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo
19. (a) Feb 9 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30 year 1948 hour 1007 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 1947 Jan 30 1948, to 19; that I last saw her alive on Jan 30 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Ca of ovary — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Usual
Of autopsy Path. at St Johns

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 Wm. J. Gallagher M.D. (M. D. or coroner)
Address 634 N. Grand Date signed 1/31/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

1056

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 Ronald O Yahnke

Licensed Embalmer No. 3917

P. O. Address DLS

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.