FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21420

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6077

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Warren 999

(c) City or town Kirkwood 11
(If outside city or town limits, write "RURAL")

(d) Street No. N. R. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Gertrude VanRiper

3. (b) If veteran, name war No

3. (c) Social Security No. None

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 June (Month) 5 (Day) 1893 (Year)

8. AGE: Years 55 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business

FATHER
12. Name Cornelius VanRiper
13. Birthplace Warren Co. (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Eldora Brooks
15. Birthplace Warren Co. (City, town, or county) Illinois (State or foreign country)

16. (a) Informant E.B. VanRiper
(b) Address Kirkwood, Ill.

17. (a) Rail (Burial, cremation or removal) (b) Date thereof 7-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Kirkwood, Ill~~ Burlington Iowa

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 8 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1948 hour 7 minute 00 PM.

21. I hereby certify that I attended the deceased from 7-14, 1947 to July 7, 1948; that I last saw her alive on July 7, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Left Breast with metastases to abdominal organs (liver, intestine, mesentery etc)

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations Generalized abdominal metastasis
Of autopsy none done

Duration

50

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 Louis H. Jonstad (M. D. ~~or other~~)
Address 3750 Washington St. Louis, Mo Date signed 7/10/48

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

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 Gustav W. Dietrich

Licensed Embalmer No. 4329

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.