

FILED APR 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14093**
3234
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 020	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) 4961 Schollmeyer Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Jacob c. (Last) Ripplinger	4. DATE OF DEATH (Month) (Day) (Year) Apr. 10 1949
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5. SEX Male	6. COLOR OR RACE wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 17, 1896	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR (Months) 1	IF UNDER 24 HRS. (Days) 24	IF UNDER 1 MIN. (Hours) _____	IF UNDER 1 MIN. (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Polisher	10b. KIND OF BUSINESS OR INDUSTRY Southern Eq't. Co.	11. BIRTHPLACE (State or foreign country) Hecker, Ill.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Peter J. Ripplinger	13b. MOTHER'S MAIDEN NAME Gertrude Marko	14. NAME OF HUSBAND OR WIFE Alice Ripplinger
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Alice Ripplinger	ADDRESS 4961 Schollmeyer
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of throat		1/2 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of base of tongue. DUE TO (c) H5		7 mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 141X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov.**, 1948, to **Apr.**, 1949, that I last saw the deceased alive on **Apr 10**, 1949, and that death occurred at **9:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. H. Ryan M.D. (1)	23b. ADDRESS Barnes Hospital,	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 4-13-49	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. APR 11 1949	REGISTRAR'S SIGNATURE J. B. Laster	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

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.