

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25238

318

1003

6094

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|---|--|----------------------------------|--|---|------------------------------|--|----------------------------|--|---|--|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | | | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE | | | | b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i> | | | | c. LENGTH OF STAY (In this place) <i>18 days</i> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Pacific Hosp.</i> | | | | STREET ADDRESS (If rural, give location) <i>6619 WINNEBAGO</i> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) <i>PETER</i> | | b. (Middle) <i>ARTHUR</i> | | c. (Last) <i>RUPPEL</i> | | 4. DATE OF DEATH (Month) (Day) (Year) <i>July 9 1949</i> | | |
| 5. SEX <i>MALE</i> | | 6. COLOR OR RACE <i>White</i> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i> | | 8. DATE OF BIRTH <i>June 3, 1890</i> | | 9. AGE (In years last birthday) <i>59</i> | | 10. IF UNDER 1 YEAR Months Days Hours Mins. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chief clerk</i> | | | 10b. KIND OF BUSINESS OR INDUSTRY <i>T.R.R.A.</i> | | | 11. BIRTHPLACE (State or foreign country) <i>Chicago, Ill.</i> | | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i> | | |
| 13a. FATHER'S NAME <i>John Ruppel</i> | | | 13b. MOTHER'S MAIDEN NAME <i>Josephine Waggoner</i> | | | 14. NAME OF HUSBAND OR WIFE <i>Vera Nielt Ruppel</i> | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes World War I</i> | | | 16. SOCIAL SECURITY NO. | | | 17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Peter A. Ruppel</i> | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>8 mos.</i> | | |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of pancreas</i> | | | | | | | | |
| | | | ANTECEDENT CAUSES | | | | | | | | |
| | | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | | | | |
| | | | DUE TO (b) | | | | | | | | |
| | | | DUE TO (c) | | | | | | | | |
| | | | II. OTHER SIGNIFICANT CONDITIONS | | | | | | | | |
| | | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | |
| 19a. DATE OF OPERATION <i>Mar. 18, 1949</i> | | | 19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of body of Pancreas</i> | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | | 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) | | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>469</i> | | | | | |
| 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? <i>1571X</i> | | | | | |
| 22. I hereby certify that I attended the deceased from <i>6-21, 1949</i> to <i>7-9, 1949</i> , that I last saw the deceased alive on <i>7-9, 1949</i> , and that death occurred at <i>7:30 a.m.</i> , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>Robert A. Huestep</i> | | | | | | 23b. ADDRESS <i>M. St. Chris. Pac. Hosp., St. Louis</i> | | | 23c. DATE SIGNED <i>7-9-49</i> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | | 24b. DATE <i>July 13, 1949</i> | | | 24c. NAME OF CEMETERY OR CREMATORY <i>Zion Cemetery</i> | | | 24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i> | | |
| DATE REC'D BY LOCAL REG. <i>III 12 1949</i> | | | REGISTRAR'S SIGNATURE <i>J. B. Lasater</i> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Kriegshauser 4228 S. Kingshighway Bl.</i> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

AUG 10 19

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 Edwin A. M. Permat

Licensed Embalmer No. 3024

P. O. Address _____

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

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