

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5737

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Charles</b>	c. LENGTH OF STAY (In this place township) <b>60 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>St Charles</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>332 South Main St</b>		d. STREET ADDRESS (If rural, give location) <b>332 South Main St</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) _____ c. (Last) <b>Van Riper</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 19 1951</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 27 1867</b>
9. AGE (In years last birthday) <b>83</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>	11. BIRTHPLACE (State or foreign country) <b>New York</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Foundry</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>La Belle Van Riper</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs La Belle Van Riper 332 S. Main St</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b> 5 yr		
	DUE TO (c) <b>Gen. Arteriosclerosis</b> 10 yr		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>42 yr</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____
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

22. I hereby certify that I attended the deceased from **Jan 9<sup>th</sup> 1951** to **Feb 19, 1951**, that I last saw the deceased alive on **Feb 17, 1951** and that death occurred at **7 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W.P. British Schulz M.D.</b>	(Degree or title)	23b. ADDRESS <b>St Charles Mo</b>	23c. DATE SIGNED <b>2/23/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 22 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Charles Mo</b>

DATE REC'D BY LOCAL REG. <b>Feb 24 1951</b>	REGISTRAR'S SIGNATURE <b>James Hamilton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hackmann-Paul</b>	ADDRESS <b>St. Charles, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 29 1962

File No.

DISTRICT HEALTH OFFICE No. 4

FEB 27 1951

RECEIVED

MAR 5 1962

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 *Charles J. Macke*

Licensed Embalmer No. *4530*

P. O. Address *St. Charles, Mo*

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.