

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43284**  
Registrar's No. **11651**

FILED JAN 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b> c. LENGTH OF STAY (in this place) <b>Lifelong</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Altenheim</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>8721 Halls Ferry Road</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Louise Miller Riepenhaus</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>December 29, 1951</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Nov. 30, 1864</b>
<b>9. AGE</b> (In years last birthday) <b>87 yrs.</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>At Home</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>St. Louis, Missouri</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>At Home</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>
<b>13a. FATHER'S NAME</b> <b>Robert A. Miller</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Agnes Von Woeller</b>	<b>14. NAME OF HUSBAND OR WIFE</b> _____
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mr. Fred Meyer - 8721 Halls Ferry Rd.</b>
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <b>Generalized Arteriosclerosis</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Glomerular Nephritis</b> DUE TO (c) _____	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. _____	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>446x</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>1948</u> , 19____, <b>to</b> <u>Dec 28, 1951</u> , <b>that I last saw the deceased alive on</b> <u>Dec 28, 1951</u> , <b>and that death occurred at</b> _____ m., <b>from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>John A. Morris M.D.</b>		<b>23b. ADDRESS</b> <b>8209 S. Broadway</b>	<b>23c. DATE SIGNED</b> <b>12/29/51</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Dec. 31, 1951</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Bellefontaine Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>DEC 31 1951</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith, M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Beiderwieden F. H. Inc., 1936 St. Louis Ave</b>	

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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..... *Seliv J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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.