

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6132

FILED MAR 8 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 51

1. PLACE OF DEATH COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Portage des Sioux</u> <u>0920</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>Sister Mary Maurice O.S.F. Rininger</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>March 1, 1952</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>October 1, 1876</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>0</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Educational</u>		11. BIRTHPLACE (State or foreign country) <u>St. Peters, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Michael Ripperger</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mueller</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rev. Ewd. B. Schlattman - Portage des Sioux</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Senility and generalized arteriosclerosis</u>						
	ANTECEDENT CAUSES Fractures of both to both legs Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with ruptured spleen and hemorrhage into peritoneal cavity</u>						
	DUE TO (c) <u>Leukemia</u>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Leukemia</u> <u>E 8161</u> <u>26</u>						
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>						
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>02/23/52</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Charles County</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 23 1952</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>auto accident</u> <u>0920</u>			
22. I hereby certify that I attended the deceased from <u>Feb. 28, 1952</u> , to <u>March 1, 1952</u> , that I last saw the deceased alive on <u>March 1, 1952</u> , and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dan R. Randall, M.D.</u>				23b. ADDRESS <u>207 N. 5th St. St. Charles, Mo.</u>		23c. DATE SIGNED <u>Mar 1, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar 3, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Convent Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oldenburg Indiana</u>		
DATE REC'D BY LOCAL REG. <u>March 1-52</u>	REGISTRAR'S SIGNATURE <u>Paul Mueller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. O. Dalmeyer & Sons Co</u>		ADDRESS <u>800 W. 2nd St. St. Charles, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Herbert C. Ballmeyer

Licensed Embalmer No. 4546

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.