

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **10487**

ED MAR 29 1952

 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2266**

| | | | |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 2119 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3633 Garfield Ave. | | d. STREET ADDRESS (If rural, give location) 3633 Garfield Ave. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) M. c. (Last) Rippetoe | | 4. DATE OF DEATH (Month) (Day) (Year) March 8th, 1952 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 25th 1883 |
| 9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME Wm. Moffatt | |
| 13b. MOTHER'S MAIDEN NAME Anna Donaldson | | 14. NAME OF HUSBAND OR WIFE Paul B. Rippetoe | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Paul B. Rippetoe | | ADDRESS 3633 Garfield Ave | |
| 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) Congestive Heart Failure INTERVAL BETWEEN ONSET AND DEATH 24 hrs ANTECEDENT CAUSES DUE TO (b) Hypertensive - Cardio- Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Vascular Disease 5 yrs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio-sclerosis 5 yrs | |
| 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? 443X | | | |
| 22. I hereby certify that I attended the deceased from 9 Dec, 1951 , to Mar 7, 1952 ; that I last saw the deceased alive on Mar 7, 1952 and that death occurred at 3:10 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE S. H. PRANGER <i>S. H. Pranger M.D.</i> | | 23b. ADDRESS 4952 Maryland | |
| 23c. DATE SIGNED 3/8/52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE March 11th, 1952 | |
| 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. MAR 10 1952 | | REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <i>Kraeger-Fenwick</i> | | ADDRESS 3402 N. Kingshighway | |

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

Thomas R. Fenwick

Licensed Embalmer No.

3793

P. O. Address

3402 N. Kingshighway

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.