

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

State File No. **11528**

No. 300

19-48  
**FILED MAR 20 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 639

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Wellston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Normandy, Mo</b>	
c. LENGTH OF STAY (in this place) <b>4 yrs. 1 mo</b>		4181	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Vincent's Sanitarium</b>		d. STREET ADDRESS (If rural, give location) <b>2700 Normandy Drive</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANTHONY</b> b. (Middle) <b>WILLIAM</b> c. (Last) <b>SISTER (Agnes Ripps)</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 9, 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>Dec. 4, 1901</b>		9. AGE (In years last birthday) <b>50</b>		10. IF UNDER 1 YEAR Months <b>3</b> Days <b>5</b>	
11. BIRTHPLACE (State or foreign country) <b>San Antonio, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Religious</b>		10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME <b>Anton Ripps</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Woller</b>		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) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mother Mary Magdalen, 2700 Normandy Drive</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Addison's disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Pulmonary tuberculosis</b>			<b>years ?</b>	
		DUE TO (c) <b>Tuberculosis of thoracic vertebrae</b>			<b>years</b>	
		11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Schizophrenia - paranoid type</b> <b>Malnutrition</b>			<b>years</b> <b>years</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1002X</b>		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) (m.)		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 12-5-, 1949, to 3-9-, 1952, that I last saw the deceased alive on 3-8-, 1952, and that death occurred at 1:12A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Joseph A. Costello M.D.</b>		23b. ADDRESS <b>2407 N. Shaw, St. Louis 6, Mo</b>		23c. DATE SIGNED <b>3/9/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 11, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Incarnate Word Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Normandy, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>3-10-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter J. Donnelly 3846 Lindell</b>	
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SW (Licensed Embalmer's Statement on Reverse Side)

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

2021 & 1 11/16

**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 \_\_\_\_\_

*W H Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.