

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26845**
Registrar's No. **6536**

FILED JUL 31 1953 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If this place) 2 WKS		e. STREET ADDRESS (If rural, give location) 24 3820 Pennsylvania 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Marie c. (Last) Ruppel		4. DATE OF DEATH (Month) June (Day) 29 (Year) 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 10, 1887
9. AGE (In years last birthday) 66 yrs.		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public High School	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Andrew Ruppel	
13b. MOTHER'S MAIDEN NAME Emma Siebert		14. NAME OF HUSBAND OR WIFE Single	
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 ADDRESS Mrs. Chas. P. Tigges, 3811 Utah St.			
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) Uraemia ANTECEDENT CAUSES DUE TO (b) Carcinoma primary hepatic flexure / Metastasis liver DUE TO (c) Acute nephritis 2. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
INTERVAL BETWEEN ONSET AND DEATH 48 hours		3 months 3 months 2 days	
19a. DATE OF OPERATION 6-25-53		19b. MAJOR FINDINGS OF OPERATION Carcinoma primary hepatic flexure	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 153X			
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 5-27 , 19 53 , to 6-29 , 19 53 , that I last saw the deceased alive on 6-29 , 19 53 and that death occurred at 9:30 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE <i>W. Simpson M.D.</i>		23b. ADDRESS 3739 Gravois	
23c. DATE SIGNED 7-1-53			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 2, 1953	
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. JUL 1 1953		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>mdb</i>		ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.	

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.....
Signature of Student Embalmer

Signed..... *Max L. Crawford*

Licensed Embalmer No. 417

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.