

FILED JAN 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45532

State File No. 12215
Registrar's No. 12215

| | | | | | | | | | | | | | |
|--|--|--|----------------------------|---|--|--|--|--|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. 12215 | | Registrar's No. 12215 | | | | | |
| 1. PLACE OF DEATH a. COUNTY 0 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Louis | | | | | | | | | |
| b. CITY OR TOWN St Louis | | c. LENGTH OF STAY (In this place) 1 day | | c. CITY OR TOWN Lemay | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Firm Desloge Hospital | | | | e. STREET ADDRESS (If rural, give location) 600 Buckley Road | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Vernon | | | b. (Middle) Charles | | | c. (Last) Rupprecht | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 24 1953 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Oct. 17 1916 | | 9. AGE (In years last birthday) 37 | | IF UNDER 1 YEAR: Months 2 Days 7 | | IF UNDER 48 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Manager | | | | 10b. KIND OF BUSINESS OR INDUSTRY Beverly Tire Co. | | | | 11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME George Rupprecht | | | | 13b. MOTHER'S MAIDEN NAME Ernestine Proehl | | | | 14. NAME OF HUSBAND OR WIFE Marie Rupprecht | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None | | 16. SOCIAL SECURITY NO. 493-03-3241 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs Marie Rupprecht ADDRESS 600 Buckley Road Lemay Mo. | | | | | | | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks | |
| 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) m. | | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4201 | | | | | | | |
| 22. I hereby certify that I attended the deceased from 12-7 , 19 53 , to 12-24 , 19 53 , that I last saw the deceased alive on 12-23 , 19 53 , and that death occurred at 8:45 P. m., from the causes and on the date stated above. | | | | | | | | | | | | | |
| 23a. SIGNATURE Andrew G. Klein, M.D. (Degree or title) | | | | 23b. ADDRESS 4632 So Grand | | | | 23c. DATE SIGNED 12-26-53 | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 24b. DATE Dec.-28-53 | | 24c. NAME OF CEMETERY OR CREMATORY Vahalla Crematory | | | | 24d. LOCATION (City, town, or county) (State) St Louis Co. Mo. | | | | | |
| DATE REC'D BY LOCAL REG. DEC 28 1953 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | | | 25. FUNERAL DIRECTOR'S SIGNATURE Fey Funeral Home ADDRESS 4100 Lemay Ferry Road Lemay Mo. | | | | | | | |

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 36

P. O. Address P. O.

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.