Health, & Welfare Public Service

S. 300 1-56

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

46686
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2953

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirkwood — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph Hosp. — Length of stay in 1b: 35 ~~Weeks~~ days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. — b. COUNTY: St Louis
c. CITY OR TOWN: ~~Glendale~~ Sappington 4650 — Inside Limits: Yes ☒ No ☐
d. STREET (If outside, give location): R+6 Box 542 Sappington Rd. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Selma — Middle: F. — Last: Rueppel

4. DATE OF DEATH: Month: Nov. — Day: 22 — Year: 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Dec. 23, 1878
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 10, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ernst John
14. MOTHER'S MAIDEN NAME: Anna Schaeffer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 496-20-8854 ~~None~~
17. INFORMANT — Address: Viola Selter 542 Sappington Rd.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Chronic Pancreatitis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): — DUE TO (c): 5871
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 8-19-57, to 11-22-57 and last saw her/him alive on 11/23/57
Death occurred at 3 40 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert W. Tichenor M.D.
22b. ADDRESS: P.O. Box 6 Sappington Mo.
22c. DATE SIGNED: 11-25-57

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: Nov. 26, 1957
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Mausoleum
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Schumacher's 3013 Meramec St.
25. DATE RECD. BY LOCAL REG.: 11-25-57
26. REGISTRAR'S SIGNATURE: Herbert R Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Amnd by addvt

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jack Haupt

Licensed Embalmer No. 47

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.