Health, & Welfare Public Service

. 300
1-57

4
95
0

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016130

STATE FILE NUMBER

FILED MAY 7 1959 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 957

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ~~St. Louis~~
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kirkwood — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph Hospital — Length of stay in 1b 17 MIN	d. STREET ADDRESS (If outside, give location) 3834-A S. Broadway — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Michael	Middle: Joseph	Last: Repple	4. DATE OF DEATH Month: April Day: 8, Year: 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: April 8, 1959	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Kirkwood, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME: Lawrence Repple	13b. MOTHER'S MAIDEN NAME: Wren	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)	16. SOCIAL SECURITY NO.	17. INFORMANT: Mr. L. Repple	Address St. Louis, Mo. 3834-A S. Broadway	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Placental Separation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Abruptio following Preeva

DUE TO (c) 7610

INTERVAL BETWEEN ONSET AND DEATH

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 [X] 2

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 4-8-59, to 4-8-59 and last saw her/him alive on 4-8-59

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John J. Alugga Jr. MD	22b. ADDRESS 333 S. Kirkwood Rd	22c. DATE SIGNED 4-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/10/59	23c. NAME OF CEMETERY OR CREMATORY St. Peters Paul Cemetery
23d. LOCATION (City, town, or county) (State) Kirkwood, Missouri		
24. FUNERAL DIRECTOR Louis H Bopp Inc.	ADDRESS Kirkwood Mo	25. DATE RECD. BY LOCAL REG. 4-9-59
26. REGISTRAR'S SIGNATURE John A. Murphy, MD		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Francis J. Weyland Jr.

Licensed Embalmer No. 4512

P. O. Address Richwood, Mo

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.