

Certificate of Death

1939

939 JAN 14 AM 10 16

Certificate No. 7534

1. NAME OF DECEASED (Print) Jacob First Name Ruppert Middle Name Ruppert Last Name

PERSONAL AND STATISTICAL PARTICULARS (May be filled in by General Director)

2 USUAL RESIDENCE: Borough Manhattan
No. 1120 Fifth Avenue Ave. St.
(If non-resident, give place and state)

3 SINGLE, MARRIED, W/DOWED, OR DIVORCED (Write the word) Single

4 WIFE HUSBAND } of _____

5 DATE OF BIRTH (Month) Aug. (Day) 5 (Year) 1867

6 AGE 71 yrs. 5 mos. 8 das. If LESS than 1 day, hr. or min.?

7 OCCUPATION
A Trade, profession, or particular kind of work, as engineer, Sawyer, bookkeeper, etc. Beaver
B Industry or business in which work was done, as silk mill, sawmill, bank, etc.
C Date deceased last worked at this occupation (month and year) May 1938 D Total time (years) spent in this occupation 30 yrs

8 BIRTHPLACE (State or country) N. Y.

9 How long in U. S. (if of foreign birth) _____ 10 How long resident in City of New York Since Birth

11 NAME OF FATHER OF DECEASED Jacob Ruppert

12 BIRTHPLACE OF FATHER (State or country) N. Y.

13 MAIDEN NAME OF MOTHER OF DECEASED Sieliz (Anna)

14 BIRTHPLACE OF MOTHER (State or country) N. Y.

15 NAME OF INFORMANT Mrs. H. S. Sielick J.

ADDRESS 1639 - Third Ave RELATION Sister

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

16 PLACE OF DEATH: Borough Manhattan
No. 1120 Fifth Avenue Ave. St.

17 CHARACTER OF PREMISES, WHETHER TENEMENT, PRIVATE, HOTEL, ETC. Apartment House
(If institution, give name)

18 DATE OF DEATH (Month) _____ (Day) _____ (Year) _____

19 SEX Male 20 COLOR OR RACE White 21 APPARENT AGE 71 yrs

22 I HEREBY CERTIFY that I attended the deceased from June 30th 1928 to Jan. 13th 1939; that I last saw him alive on Jan 13th 1939 and that death occurred on the date stated above at 10²⁸ A.M.

I further certify that death did not occur as the result of accident, homicide, suicide, criminal abortion, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report that accompanies this certificate.

I further certify that death ~~was~~ was not due to a communicable disease listed in Section 103 of the Sanitary Code, (see over), which requires that the casket must be permanently sealed before removal from the place of death.

(*) Cross out words that do not apply.

Witness my hand this 13th day of January 1939

Signature: Harry S. Taeti M. D. Address: 108 East 91st Street

23 PLACE OF BURIAL OR CREMATION KENSICO CEMETERY DATE OF BURIAL OR CREMATION JANUARY 16, 1939

24 FUNERAL DIRECTOR John R. Rooney ADDRESS 46 Coon 87 St PERMIT NUMBER 345

DO NOT WRITE IN THIS SPACE. MARGIN RESERVED FOR CODING AND BINDING.

FAMILY OF DECEASED