ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1934 4760

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 10 yrs. IN ARIZONA 10 yrs.
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 8829 North 1st Street

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY:
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 8829 North 1st Street
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Anton
B. (MIDDLE):
C. (LAST): RUPIN

4. SEX: Male
5. COLOR OR RACE: Caucasian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Alma Rupin
7. DATE OF BIRTH: MONTH 11 DAY 8 YEAR 1866
8. AGE (IN YEARS LAST BIRTHDAY): 90
IF UNDER 1 YEAR: MONTHS DAYS
IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Physician
9B. KIND OF BUSINESS OR INDUSTRY: Medical
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Germany
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No. (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Adam Rupin
14B. BIRTHPLACE (STATE OR COUNTRY): Germany
15A. MOTHER'S MAIDEN NAME: Elizabeth Reisler
15B. BIRTHPLACE (STATE OR COUNTRY): Germany
16. INFORMANT'S SIGNATURE AND ADDRESS: Mrs. Joseph Miller, Phoenix, Arizona
17. DATE OF DEATH: (MONTH) July (DAY) 16, (YEAR) 1957

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (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.
PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION
(A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO (B) Arteriosclerotic Cardiovascular heart disease — 20 yrs
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 1952 TO 7-15, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 7-15, 1957 AND THAT DEATH OCCURRED AT 11:55 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Kenneth A. Herbst M.D.
22B. ADDRESS: 9221 N Central Ave
22C. DATE SIGNED: 7-19-57

23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M.
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 7/20/57
25C. NAME OF CEMETERY OR CREMATORY: Rest Haven
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Glendale, Arizona
26A. DATE REC. BY LOCAL REG.: 7/20/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Ralph L. Sage
27B. ADDRESS:
28. EMBALMER'S SIGNATURE: Ralph L. Sage
28B. EMBALMER'S CERT. NO.: # 346

FORM VS-2 REV. 3-15-55 [illegible]1

Sunnyslope Funeral Home

27 27 — CE OF DEATH
4 AND 24 — AL RESIDENCE
X-
1 / 1 / 1 — DECEDENT
90 / 9 / 1 — PERSONAL DATA
757
4251 — CAUSE OF DEATH (ITEM 18)
0 / 0
9 — PERATIONS, AUTOPSY
4 / 1 — MEDICAL RTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
1 — CORONER'S RTIFICATION
85 — FUNERAL DIRECTOR AND EGISTRAR
2
110