WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18728

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5122

City St. Louis Mo (No. 3703 Oregon St. ..... Ward)

2. FULL NAME Josephine Krupp

(a) Residence No. 3703 Oregon St., 24 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white ~~white~~

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jacob Krupp

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-18-1850

7. AGE: ~~[illegible]~~ YEARS: 78 MONTHS: 2 Each DAYS: 22 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo / St Louis Mo

PARENTS

10. NAME OF FATHER: Fred Englert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Mary Matees

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT (Address): John Krupp 3703 Oregon

15. FILED ....., 19.. Max C. Faulkner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 10 1928

17. I HEREBY CERTIFY, That I attended deceased from March 28, 1928, to May 10, 1928 that I last saw her alive on May 9th, 1928, and that death occurred, on the date stated above, at 4:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

97 Arterio Sclerosis with advancing age

(duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis

(duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Microscopic

(Signed) H. P. Graul, M. D

May 10, 1928 (Address) 2905 Cherokee St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Millstadt Ill. DATE OF BURIAL: May 12 1928

20. UNDERTAKER: Fred G. Alberter ADDRESS: Millstadt Ill