

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

7021

MAR 27 1931

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1170 File No. \_\_\_\_\_  
 Township Central Primary Registration District No. 6248H Registered No. 3-5  
Richmond Heights, Mo. No. New St. Mary's Hosp. St. \_\_\_\_\_ Ward)  
 2. FULL NAME Marie Kropf  
 (a) Residence No. 1917 Hamilton Ave. Ward. St. Louis, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 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  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Kropf  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4 - 1856  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 8 18  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Housework  
 (b) General nature of industry, business, or establishment in which employed (or employer) 233  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 10. NAME OF FATHER Don't know  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 12. MAIDEN NAME OF MOTHER Don't know  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Edwin Kropf  
 (Address) 5939 Cote Brillante

15. FILED 2/11 1931 B. B. Jensen REGISTRAR  
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**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22, 1931  
 17. I HEREBY CERTIFY, That I attended deceased from Jan 2-22, 1931 that I last saw her alive on 2-22, 1931, and that death occurred, on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Cardiac Dilatation  
following old chronic  
MI. Myocarditis  
330 (duration) 2 yrs mos. ds.  
 CONTRIBUTORY Probable craniom of  
 (SECONDARY) head of Pancreas (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? Symptoms & Phys. Findings  
 (Signed) Ant. Brand M. D.  
1931 (Address) Witten Grove Mo.

\*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 Calvary Cem. DATE OF BURIAL Feb. 25 1931  
 ADDRESS 1125

20. UNDERTAKER Jos. W. Clark Wadiamont  
Ann.

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.

Dr. F. L. BRAND.  
671 E. Big Bend Rd.  
Oshkosh, Wg. - 1922. <sup>30</sup> P.M.