

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.

24245

1. PLACE OF DEATH

County _____

Registration District No. _____

Township _____

Primary Registration District No. _____

City *St. Louis* (No. *5787*)

City Hospital

File No. _____

Registered No. *6466*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

Word _____

Length of residence in city or town where death occurred *Life* mos. ds.

(If nonresident, give city or town and State)
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) *married*

6. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF *Adam Kroopi*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 17-1879*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *23*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

13. NAME *Wm. Cherney*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hungary*

15. MAIDEN NAME *Barbara*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hungary*

17. INFORMANT (ADDRESS) *Hospital Information*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Newick* DATE *July 14 1932*

19. UNDERTAKER (ADDRESS) *A. W. McLaughlin*

20. FILED *13 1932* *Missouri Ave*

Max C. Stanley Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 11, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *July 7, 1932, to July 11, 1932*

I last saw him alive on *July 11, 1932* Death is said to have occurred on the date stated above, at *7:00 P. M.*

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus (coma) 59 131 59
Chronic Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? *Chow* Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Raymond J. Jacobs, M. D.*

(Address) *City Hospital*

Proope