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

Do not use this space.

File No. 41668
Registered No. 10734

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. .....
City ST. LOUIS, MO. (No. 1119 CHAMBERS ST. St. ..... Ward)

2. FULL NAME FREDERICK WILLIAM KAUP.

(a) Residence, No. 1119 CHAMBERS ST. St., 26 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE.	WHITE.	WIDOWER.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SOPHIA KAUP.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/23/1849.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CIGAR MAKER.

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

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY. 10

FATHER

13. NAME Unknown KAUP.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY.

MOTHER

15. MAIDEN NAME DO NOT KNOW.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY.

17. INFORMANT Mrs Freda E. Wiedle
(ADDRESS) 4830a KOSSUTH.

18. BURIAL, CREMATION, OR REMOVAL
PLACE OLD PICKERS. CEM. DATE 12/5/32. 19

19. UNDERTAKER Provost and Co.
(ADDRESS) 3710 N. GRAND BLVD.

20. FILED DEC -4 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/2/32. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1932, to Dec 2, 1932
I last saw him alive on Dec 1, 1932. Death is said to have occurred on the date stated above, at 2-30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Bronchitis	Nov. 20/32
106A 106A	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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? No
If so, specify .....

(Signed) George L. Mueller, M. D.
(Address) 1402 St. Louis

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.

THIS IS A PERMANENT RECORD