

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

Do not use this space. ✓

JAN 29 1937

1. PLACE OF DEATH

County St. Louis
 Township Central
 City Wellston

Registration District No. 789
 Primary Registration District No. 6033
 (No. 1113 Delaware Ave.)

File No. 42431
 Registered No. 332
 St. _____ Ward)

2. FULL NAME Oswald F. Kropp

(a) Residence, No. 1113 Delaware Ave. St. _____ Ward. _____

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Kropp.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 29 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. I.P.W.A.

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) St. Louis Missouri

FATHER 13. NAME Hugo Kropp

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

MOTHER 15. MAIDEN NAME Mary ?

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

17. INFORMANT (ADDRESS) Mrs. Mary E. Kropp 1113 Delaware Ave.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem date Nov. 21/36.

19. UNDERTAKER (ADDRESS) Jos. W. Clark 1125 Hodiamont Ave.

20. FILED 11-20-36 Ed Bachmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1936 to Nov 19 1936
 I last saw him alive on Nov 18 1936. Death is said to have occurred on the date stated above, at 1:40 p. m.

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

Coronary Thrombosis Date of onset 11-12-36

Other contributory causes of importance

Name of operation no Date of _____
 What test confirmed diagnosis? Clinical 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) J. W. McDonald, M. D.
 (Address) 5 1/2 E. 11th

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.

