

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CITY CERTIFICATE OF DEATH

Do not use this space.

MAR 5 - 1937

## 1. PLACE OF DEATH

County .....

Township .....

City St. Louis, Mo. (No. ....)

Registration District No. ....

Primary Registration District No. 1008  
City Infirmary

File No. 8677

Registered No. 2138

St. .... Ward)

## 2. FULL NAME

Marie Klupp,

(a) Residence, No. City Infirmary, Hospital ward. 13

(Usual place of abode) 5800 Arsenal St.

Length of residence in city or town where death occurred 50 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)  
Widow

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Frank Klupp, Md.

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

December 6, 1862

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, .... hrs.  
or .... min.

1862

74

2

13

## OCCUPATION

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

Nil

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

Inmate of Infirmary

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

## 12. BIRTHPLACE (CITY OR TOWN)

Berlin,  
Germany.

(STATE OR COUNTRY)

## 13. NAME

Carl Gerht ?

## 14. BIRTHPLACE (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

## 15. MAIDEN NAME

Unknown ?

## 16. BIRTHPLACE (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

## 17. INFORMANT

(ADDRESS)

E. Molony,  
5800 Arsenal St.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Lake Charles

DATE Feb. 22

1937

## 19. UNDERTAKER

(ADDRESS)

Albert H. Hoppe Inc.,  
429 N. Euclid Avenue.

## 20. FILED

FEB 21 1937

J. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from  
August 9, 1934 to February 19, 1937I last saw her alive on February 19, 1937. Death is said  
to have occurred on the date stated above, at 10:00 A.M.

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

Possible acute coron-  
ary thrombosis

Date of onset

Other contributory causes of importance:

Arteriosclerosis, gener-  
alized

Name of operation .....

Date of .....

What test confirmed diagnosis? .....

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 .....

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) J. Bredeck

M. D.

(Address) 5600 Arsenal

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