

AUG 11 1939
Registration District No. 7911003

Primary Registration District No. _____

Registrar's No. 6233

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3900 N. 22nd. St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 25 yrs.
years, months or days)

3. (a) PRINT FULL NAME Verna V. Kroepel 614

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Wilbert Kroepel 6. (c) Age of husband or wife if alive 29 years7. Birth date of deceased June 4th 1915
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
24 1 8 hr. min.9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)10. Usual occupation Housewife 0

11. Industry or business _____

12. Name Christ Oberbeck 113. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)14. Maiden name Carrie Abel15. Birthplace Ills. 0
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wilbert Kroepel(b) Address 4160 Earlin Ave.17. (a) Burial (b) Date thereof 7-15-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Friedens Cemetery18. (a) Signature of funeral director Provat Mid Co.(b) Address 3710 N. Grand Blvd.19. (a) JUL 14 1939 (b) J. B. Beck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
 (d) Street 4160 Earlin Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th
year 1939 hour 1.15 minutes A. M.21. I hereby certify that I attended the deceased from May 24th 1939 to July 12th 1939
that I last saw her alive on July 12th 1939
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Endocarditis Duration 2 hrsDue to Probably Rheumatic ~Due to Chronic infection
(cause unknown)Other conditions 07
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury23. Signature J. B. Beck (M. D. or other) _____Address 424 W. Flourish Date signed 7/12/39

9. J. Vogler
9-10
4300-2-11-2021

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Robert L. Burkman*
Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Blvd.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.