

NOV 13 1939
Registration District No. **791**

1000

Primary Registration District No. _____

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.

1. PLACE OF DEATH:

(a) County 2
(b) City or town St. Louis
(c) Name of hospital or institution 3926 Virginia Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 Yrs. (Specify whether years, months or days)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3926 Virginia Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Simon Krapp Sr. 610
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Male **5. Color or** White **6. (a) Single, widowed, married,** Widowed
6. (b) Name of husband or wife Emma Krapp **6. (c) Age of husband or wife if** 36
alive _____ years
7. Birth date of deceased May 16 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>4</u>	<u>21</u>	hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor 6

11. Industry or business _____

12. Name Valentine Krapp 6

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Valentine Krapp

(b) Address 3926 Virginia

17. (a) Burial Burial **(b) Date thereof** Oct. 10-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director Wm. Schumacher

(b) Address 3013 Meramec St.

19. (a) OCT 10 1939 **(b) J. F. Bredesch**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th.
year 1939 hour _____ minute 4:58 A.M.

21. I hereby certify that I attended the deceased from 4-6 to Oct 10 1939
that I last saw him alive on Oct 10 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions Renal
(Include pregnancy within 3 months of death)

Major findings: no
Of operations _____

Of autopsy no

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

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

(b) Date of occurrence no

(c) Where did injury occur? no
(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)**
(b) Means of injury _____

23. Signature Joseph L. Davis **(M. D. or D. O.)** 10/10/39

Address 4209 Quaker Ave **Date signed** _____

PHYSICIAN
Underline the cause to which death should be charged statistically

Miss Y. W.

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.....

George Deleauvaert
working under my personal supervision.

Registered Apprentice No. _____

Signed *George Deleauvaert*

Licensed Embalmer No. *2906*

P. O. Address *3013 Myrtle*

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.