

NOV 13 1939

791
1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **9341**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **3427 N. 14th 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 _____
years, months or days

3. (a) PRINT FULL NAME **Sophia Krppp** **610**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **William** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **May 24, 1886**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	5	4	hr. _____ min. _____

9. Birthplace **Aboca Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Fred Nussbaumer**

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

14. Maiden name **Agatha Hauck**

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

16. (a) Informant's own signature **Charles Gretzschel**

(b) Address **3427 N. 14th St.**

17. (a) **REMOVAL** (b) Date thereof **10-31-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FESTUS, Mo.**

18. (a) Signature of funeral director **ALBERT H. HOPPE**

(b) Address **4700 WASHINGTON AVE.**

19. (a) **10/31/39** (b) **J. F. Bredich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **3427 N. 14th St.** **26**
(If outside city or town limits, write "RURAL")
 (d) Street No. **St. Louis Mo.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **28**
 year **1939** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Oct 27**
 19**39**, to **Oct 28** 19**39**,
 that I last saw her alive on **Oct 27** 19**39**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**
 Duration **minutes**

Due to **Arterio Sclerosis & Endo Carditis Chronic**

Due to _____

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

Major findings: Of operations **920**

Of autopsy _____

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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **Wm. H. King** (M. D. or other) _____
 Address **8201 N. Broadway St. Louis** Date signed **11/3/39**

PHYSICIAN

 Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Albert W. Hays*

Licensed Embalmer No. *1861*

P. O. Address.....

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.