

S. No. 2
M-5-42
7-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18175
State File No. _____
Registrar's No. 21

Registration District No. 162

Primary Registration District No. 5595

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town RURAL ROCK TOWNSHIP
(c) Name of hospital or institution: HOME NEAR MAXVILLE Mo.
(d) Length of stay: In hospital or institution 16 YEARS
In this community 16 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JEFFERSON
(c) City or town RURAL
(d) Street No. NEAR MAXVILLE Mo.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME THERESA KROUPA
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 22
year 1943 hour 1100 minute P M.

4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRANK KROUPA
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased FEB 9 1895

21. I hereby certify that I attended the deceased from May 9 1943 to May 22 1943
that I last saw her alive on May 19 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 3 Days 13
If less than one day hr. min.

Immediate cause of death Chronic endocarditis

9. Birthplace KIMMSWICK Mo.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 92d

10. Usual occupation HOUSEWIFE

Major findings: Of operations _____
Of autopsy _____

11. Industry or business HOME

MOTHER FATHER {
12. Name JACOB FRANKENREITER
13. Birthplace KIMMSWICK Mo.
14. Maiden name MARGALETEN CHRIST
15. Birthplace KIMMSWICK Mo.

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

16. (a) Informant MR FRANK KROUPA
(b) Address KIMMSWICK Mo R. R. # 1

17. (a) BURIAL (b) Date thereof MAY 25-43
(c) Place: burial or cremation IMMACULATE CONCEPTION, MAXVILLE, MO

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK Mo

23. Signature Waldor Hull
Address Lewis R. 8 Mo Date signed 5/24/43

19. (a) 5/24/43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

1266 (Licensed Embalmer's Statement on Reverse Side)

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

50
00
00

JUN 17 194

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 Arthur W. Heiligtag
..... Licensed Embalmer No. 3872
..... P. O. Address Hammswick, Mo.

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, fact should be so stated above.