#7283

S. No. 2
M—8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36086

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9792

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2311a Warren St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edna Kroepel

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Herman deceased

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 2/9/1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	9	8	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Louis Klute

13. Birthplace St? Louis (City, town, or county) Mo (State or foreign country)

14. Maiden name Magdalina Toben

15. Birthplace St? Louis (City, town, or country) Mo (State or foreign country)

16. (a) Informant Mrs? C? Schneider
(b) Address 2311a Warren St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/44 (Month) (Day) (Year)
(c) Place: burial or cremation Freidens Cemetery

18. (a) Signature of funeral director Provost and Co
(b) Address 3710 N Grand

19. (a) NOV 18 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th year 1944 hour 1:40 minute A. M.

21. I hereby certify that I attended the deceased from 11/12/44, 19..., to Nov. 17th, 1944 that I last saw her alive on Nov. 17th, 1944 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Furuncle of right arm

Due to Diabetes Mellitus

Due to

Other conditions Chronic Pyelonephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Herbert C. Fritz (M. D. or other)
Address 1515 Lafayette Date signed 11/17/44

(Licensed Embalmer's Statement on Reverse Side)

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 Earl E Provost

Licensed Embalmer No. 1578

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, fact should be so stated above.