

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1946 STANDARD CERTIFICATE OF DEATH

State File No. **34670**
Registrar's No. **3133**

Registration District No. **317** Primary Registration District No. **3069**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **080**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3122 Osceola** **9**
(If rural, give location) **1**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Sadie Krupnick**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Fem.** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Adolph David Krupnick** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Unknown**
(Month) (Day) (Year)
Apparently in fifties
About 60 months Days **fifties** less than one day
hr. min.

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

10. Usual occupation **At home**
Industry or business _____
12. Name **Moses Fleischer**
Birthplace **Poland** **4**
(City, town, or county) (State or foreign country)
1. Maiden name **Fina Chaska**
Birthplace **Poland** **4**
(City, town, or county) (State or foreign country)

(d) Informant **Marian Krupnick**
(b) Address **3122 Osceola**
17. (a) **Burial** (b) Date thereof **10/25/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
Place: burial or cremation **B'nai Amoona Cem.**

(a) Signature of funeral director **H. Rindskopf**
Address **5216 Delmar Blvd.**
(a) **10-24-46** (b) **Authy Delmar MD**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Month **10** day **23**
year **1946** hour **10** minute **40** M.
21. I hereby certify that I attended the deceased from **10/23/46**
23 19 **39** to **10/23/46**
that I last saw him alive on **10/23/46**
and that death occurred on the date and hour stated above.
Immediate cause of death **Deceased**

Cardio Vasculor
Due to **Deceased & Hypertension**
Ch. Hepatitis 310
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **none**
Of operations _____
Of autopsy **none**

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 injury _____
23. Signature **J. P. Wade MD** (M. D. or other) **10/25/46**
Address **1004 No. Duke** Date signed _____

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

MOTHER FATHER
can buy at
Holladay

NOV 29 1929

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.....

H. P. Burgess

Licensed Embalmer No. 4029

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
City of St. Louis } ss.
County of St. Louis }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.....

On this 8th day of November, 1946, before me appears
Herman Rindskopf, who, upon his oath, states that the original record of ^{birth} death
for Sadie Krupnick, ^{died} October 23, ^{born} 1946, in the State of
Missouri, and which was filed at Clayton, Mo on 10/25, 1946, should be corrected as follows:

Item No. Eight should read Exact Age Unknown - Apparently in fifties

Instead of About 66

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Herman Rindskopf
Relationship.

5216 Delmar Blvd.

Present Address.

Subscribed and sworn to before me this 8th day of November, 1946

My Commission expires Aug. 6 - 1947 Korman S. Roth Notary Public.

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