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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 7123

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1537

**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:
Missouri Baptist Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

In this community 25 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

N.R.

(d) Street No. 7438 Trenton .5
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Herminia Krupp Tobias

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. /

5. Color or race W.

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

6. (b) Name of husband or wife Adolph Tobias, Dec.

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

7. Birth date of deceased Dec. (Month) 27 (Day) 1870 (Year)

8. AGE: Years 77 | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Austria Bohemia (City, town, or county) Y (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Krupp Y
13. Birthplace Bohemia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Bohemia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Barbara Tobias
(b) Address 7438 Trenton

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-16/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Alexander Bono
(b) Address 6175 Delmar

19. (a) FEB 15 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 13 year 1948 hour 11: minute 45 A. M.

21. I hereby certify that I attended the deceased from Feb 11, 1930, to Feb. 13, 1948; that I last saw her alive on Feb. 13, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cardiac failure | about 1 week |
| Due to: Arteriosclerosis | not known |
| Due to: | |
| Other conditions: Pernicious anemia (Include pregnancy within 3 months of death) | at least 1930 |
| Gastric carcinoma | |
| Major findings: Of operations: Carcinoma polyp of stomach - Primary | |
| Of autopsy | |

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 O

23. Signature Robert M. Smith (M. D. or other) MD

Address 114 N. Taylor St. Louis Date signed 2-14-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Sam Grant
1174 Tyler St
130 Pal.

## 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 Jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

**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.**