

FILED JUL 27 1948

Registration District No. 162

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5595

State File No. 23369

Registrar's No. 44

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town ROCK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 BABY KROUPA
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased July 1948
(Month) (Day) (Year)

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

9. Birthplace ARNOLD MO.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace mo
(City, town, or county) (State or foreign country)
14. Maiden name Angela Kroupa
15. Birthplace mo
(City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) BURIAL (b) Date thereof JULY 21 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Immaculate Conception

18. (a) Signature of funeral director HEIMTAC FUNERAL HOME
(b) Address KIMMSWICK MO RR. 2

19. (a) July 21 - 48 (b) Phil J. Kirk
(Date registered local registrar) (Registrar's signature) 1/10

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JEFFERSON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR ARNOLD MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Unknown year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Inquest PENDING

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

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? _____

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

23. Signature T. B. Edwards (M. D. or other) Crusher
Address Order Hill Date signed 7/20/48

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JUL 26 1948
2292

125

45978-3

Handwritten scribble

1948

Handwritten scribble

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, *not* ~~or by~~

..... Registered Apprentice No. *and*

working under my personal supervision.

Signed *Elmer Halitag*

Licensed Embalmer No. 3571

P. O. Address *K. Kimmich*

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.

B-41
288

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

STANDARD CERTIFICATE OF DEATH

State File No. 23367

Registration District No. 162

Primary Registration District No. 5395

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rock
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Jefferson

(c) City or town Marionville Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BABY KROU PA.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race _____

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day _____ min.

Full term, 42 weeks

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug 18 1948 (b) Phil J. Kirk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19 _____; that I met her _____ alive on _____, 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death Verdict of jury by public health officer
Obstetric
Open Verdict.

Due to _____

Due to _____

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

Major findings:
Of operations _____

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)

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

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J.B. Edwards coroner
(M. D. or other)

Address bedfordville Mo Date signed 8-18-48

SUPPLEMENTARY

MOTHER FATHER

No date of death

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

S-23369

no. 1000

6

1000