

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21303**

FILED JUL 15 1949

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **5879**

Dr. Rud. I. Gravois Ave
LA 3338
1 to 3
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17
d. FULL NAME OF HOSPITAL OR INSTITUTION 2922 Pennsylvania Ave			d. STREET ADDRESS (If rural, give location) 2922 Pennsylvania Ave		
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) E c. (Last) Kropp			4. DATE OF DEATH (Month) (Day) (Year) 7-8-1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-27-1868	9. AGE (In years last birthday) 81	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper	10b. KIND OF BUSINESS OR INDUSTRY Ziegenhein Bros	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Daniel Kropp		13b. MOTHER'S MAIDEN NAME Margaret Zimmer		14. NAME OF HUSBAND OR WIFE Katherine Kropp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-18-3918	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Katherine Kropp 2922 Pennsylvania Ave		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure original ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Large P. O. Ventral Hernia				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 91			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H500			
22. I hereby certify that I attended the deceased from Dec 10, 1943 , to July 3, 1949 ; that I last saw the deceased alive on July 3, 19 , and that death occurred at 12:15 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Herbert R. Curtis, M.D.			23b. ADDRESS 3532 Gravois Ave		23c. DATE SIGNED 7/5/49
24a. BURIAL, CREMATION, REINTERMENT (Specify) Burial	24b. DATE 7-6-1949	24c. NAME OF CEMETERY OR CREMATORY Elmlawn Cemetery	24d. LOCATION (City, town, or county) (State) Ballas and Clayton Rds Mo		
DATE REC'D BY LOCAL REG. III 6 1949		REGISTRAR'S SIGNATURE J. B. Facator		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhein Bros 6409 Gravois Ave	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed J. Allen Davis Jr

Signed _____
Student Embalmer

Licensed Embalmer No. 4853

P. O. Address Bowie MD

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.