

No. 300
10.48

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32442

BIRTH NO. _____ REG. DIST. NO. 197 PRIMARY REG. DIST. NO. 5069 Registrar's No. 3000

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 17	
b. CITY (If outside corporate limits, write RURAL and give town or township) Richmond Hights		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) ()		d. STREET ADDRESS (If rural, give location) 5938 Cote Brilliance Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) EDWIN b. (Middle) J. c. (Last) KROPP		4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1949	
5. SEX Male ()	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 27, 1894.
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleman	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleman		10b. KIND OF BUSINESS OR INDUSTRY Real Estate	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME ? Kropp		13b. MOTHER'S MAIDEN NAME Marie Kaiser	14. NAME OF HUSBAND OR WIFE Loretto Kropp Wife
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes #1.		16. SOCIAL SECURITY NO. 488-09-0694.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Loretto Kropp, 5938 Cote Brilliant
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hoemorrhage		INTERVAL BETWEEN ONSET AND DEATH 9/9/49 11:00 a.m.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio Vascular disease with Hypertension.		9/14/49 6:10 a.m.	
19a. DATE OF OPERATION No.		19b. MAJOR FINDINGS OF OPERATION None.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331 X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 9th, 1949, to Sept 14th 1949, that I last saw the deceased alive on September 13, 1949, that death occurred at 10 A.M. from the causes and on the date stated above.			
23a. SIGNATURE (Signature) (Degree or title)		23b. ADDRESS 634 North Grand	23c. DATE SIGNED 9/14/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 16/49	24c. NAME OF CEMETERY OR CREMATORY Galvary Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. 9-17-49	REGISTRAR'S SIGNATURE (Signature)	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark, 1185 Hodiamont Ave.	

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

6-B

Dr. J. P. Wade
Mo. Thr. Bldg.,
JE. 8620, 1-4 P.M.

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.

Student
Student Embalmer

Signed *Alfred J. Boedeker*
Licensed Embalmer No. 2563

P.O. Address 1125 Hodiament Ave.

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.