

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39292

State File No. 10983

FILED DEC 15 1951

Registrar's No. 10082

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		State File No. 10983	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
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		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3722 Kookuk St				16 STREET ADDRESS (If rural, give location) 3722 Kookuk St			
3. NAME OF DECEASED (Type or Print) Bertha		a. (First) _____		b. (Middle) C.		c. (Last) Kropp	
4. DATE OF DEATH 12-11-1951		(Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widow		8. DATE OF BIRTH 4-11-1873		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred Mueller		13b. MOTHER'S MAIDEN NAME Christina		14. NAME OF HUSBAND OR WIFE *****			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Helda Doerflinger		ADDRESS 3722 Kookuk St	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 6 Mo. 1 yr.	
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION no				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) XX		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? 4343					
22. I hereby certify that I attended the deceased from Feb. 14, 1951 , to Dec. 11, 1951 , that I last saw the deceased alive on Dec. 9, 1951 , and that death occurred at 9:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. A. Walters M.D.				23b. ADDRESS 3608 So. Grand		23c. DATE SIGNED 12/11/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-14-1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) 10180 Gravois Road Mo	
DATE REC'D BY LOCAL REG. DEC 11 1951		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenheim Bros 6409 Gravois Ave			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Walters

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Van M. Simon

Signed.....
Student Embalmer

Licensed Embalmer No.

4343

P. O. Address.....

St. Louis Mo

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.