

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16634

State File No. ....

FILED MAY 9 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1169

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur</u> <u>4730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ballas Road</u>		d. STREET ADDRESS (If rural, give location) <u>Ballas Road</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>William</u> c. (Last) <u>Kropp</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 24 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 16 1876</u>	9. AGE (In years last birthday) <u>76</u>	# UNDER 1 YEAR <u>10</u> Months	# UNDER 1 MIN. <u>8</u> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Kropp</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mueller</u>	14. NAME OF HUSBAND OR WIFE <u>Mathilda Preiss Kropp</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Kropp</u>	ADDRESS <u>Creve Coeur, Mo Rt. 2</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>Several years</u> <u>Several years</u> <u>6 months or longer</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral edema</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis generalized</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of mandible</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>4200</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 6/20 1952, to 4/24 1953, that I last saw the deceased alive on 4/23 1953, and that death occurred at 5:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Robert S. Wight, M.D.</u>	23b. ADDRESS <u>Creve Coeur, Mo.</u>	23c. DATE SIGNED <u>4/24/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/27/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Ballas Rd &amp; Clayton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-24-53</u>	REGISTRAR'S SIGNATURE <u>Heck R. Double-M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home</u>	ADDRESS <u>Ballwin, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4000  
1000

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

*Richard Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Bellwin, 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.