

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44317

State File No. 11797

BIRTH NO. FILED JAN 5 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Aléxian Hospital		d. STREET ADDRESS (If rural, give location) 15 4750 Alaska 2159	
3. NAME OF DECEASED (Type or Print) a. (First) Ferdinand b. (Middle) A. c. (Last) Krapf		4. DATE OF DEATH (Month) (Day) (Year) Dec. 13 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9 1882
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (City and State or Foreign Country) St. Louis
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZENSHIP OF WHAT COUNTRY? Usa	
13a. FATHER'S NAME Joseph Krapf		13b. MOTHER'S MAIDEN NAME Mary Sties	
14. NAME OF HUSBAND OR WIFE Alma Krapf		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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ewald Krapf 5204 Delor	
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) Pulmonary embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Suprapubic gastrectomy 4 days 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.	
19a. DATE OF OPERATION 12-9-53		19b. MAJOR FINDINGS OF OPERATION Fractatic hyperplasia	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, 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 610X		22. I hereby certify that I attended the deceased from 12-2-1953 to 12-13, 1953, that I last saw the deceased alive on 12-12, 1953, and that death occurred at 9 A m., from the causes and on the date stated above.	
23a. SIGNATURE [Signature]		23b. ADDRESS M D 9 729 Frisco Bldg	
23c. DATE SIGNED 12-14-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12/16/53		24c. NAME OF CEMETERY OR CREMATORY Old St. Marcus	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec	
DATE REC'D BY LOCAL REG. DEC 14 1953		REGISTRAR'S SIGNATURE [Signature]	

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

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 _____

Jack Haupt

Licensed Embalmer No. _____

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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.