No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6452

BIRTH NO. FILED MAR 8 195? REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1569

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (In this place) 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5200 Bonita

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY 2029
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 0
d. STREET ADDRESS (If rural, give location) 2 5200 Bonita

3. NAME OF DECEASED (Type or Print)
a. (First) Kasper
b. (Middle) G
c. (Last) Kroupa Jr.

4. DATE OF DEATH (Month) (Day) (Year) Feb 17, 1954

5. SEX 0 Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Oct.15,1928

9. AGE (In years last birthday) 25 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Kasper G Kroupa

13b. MOTHER'S MAIDEN NAME Clara Werkmeister

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) 6-----

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Kasper G Kroupa Sr. — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Exopthalmic Goitre — 7 yr

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 2520

22. *I hereby certify that I attended the deceased from* Apr 15, *19* 53 *to* Feb 10, *19* 54, *that I last saw the deceased alive on* Feb 10, *19* 54, *and that death occurred at* 2 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) O.D. Meyer M.D. O. D. Meyer M.D.

23b. ADDRESS 6029 S. Kingshighway Bl

23c. DATE SIGNED Feb 17, 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Feb 18,1954

24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

24d. LOCATION (City, town, or county) St Louis County (State) Mo

DATE REC'D BY LOCAL REG. FEB 17 1954

REGISTRAR'S SIGNATURE Earl Smith M.D. MJB

25. FUNERAL DIRECTOR'S SIGNATURE John L Ziegenhein & Sons — ADDRESS 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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 Neville D. Schwitter

Licensed Embalmer No. 3696

P. O. Address 7027 Gravois

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.