

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **14469**BIRTH NO. **27762-54** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **1029**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Valley Park</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Valley Park</b>	
c. LENGTH OF STAY (in this place) <b>1 mo.</b>		d. STREET ADDRESS (If rural, give location) <b>826 Vest Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>826 Vest Ave.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Frank</b> c. (Last) <b>Krupp</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 1, 1954</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	
8. DATE OF BIRTH <b>March 30 1954</b>		9. AGE (In years last birthday) <b>1</b>		IF UNDER 1 YEAR <b>1</b> MONTHS IF UNDER 2 HRS. <b>1</b> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <b>child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Valley Park, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>America</b>					

13a. FATHER'S NAME <b>Charles Krupp</b>		13b. MOTHER'S MAIDEN NAME <b>Edna Walka</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Charles Krupp</b> ADDRESS <b>Valley Park, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>unknown causes</b>					<b>unk</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R. Donke</b> (Degree or title) <b>Local Registrar</b>		23b. ADDRESS <b>651 S. Brentwood Blvd.</b>		23c. DATE SIGNED <b>5/5/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>5/3/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Valley Park Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Meyer-Pfizinger</b>		ADDRESS <b>Kirkwood, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5/3/54</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 William H. Pfitzinger  
Licensed Embalmer No. 4316  
P. O. Address Kukerood, 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.