

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **37720**  
 Registrar's No. **9656**

FILED OCT 25 1957

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>9656</b>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Mo.</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>01 3225 N. Florissant Ave. Little Sisters of Poor</b>			e. STREET ADDRESS (If rural, give location) <b>2072 3225 N. Florissant Ave.</b>		
3. NAME OF DECEASED (Type or Print) <b>Frank Krauper</b>		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 15, 1957</b>
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Oct. 19, 1867</b>	9. AGE (In years last birthday) <b>90</b> If UNDER 1 YEAR: Months Days If UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of workable years if retired) <b>retired, machine operator, box factory</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>2</b> <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>John Krauper</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth unknown</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Frank Obermeyer, # 2 Sona Lane, Route # 2</b>		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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerotic Heart Disease</b>  MEDICAL CERTIFICATION <b>Crew Coeur, Mo.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <b>? ?</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.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>420.0</b>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <b>2</b> 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 <b>Aug 16, 1957</b> , to <b>Oct 15, 1957</b> , that I last saw the deceased alive on <b>Oct. 12, 1957</b> , and that death occurred at <b>4 PM</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>L. Edward K. Howe, M.D.</b>		23b. ADDRESS <b>2435 N. Grand Blvd</b>		23c. DATE SIGNED <b>10-16-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 17, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>OCT 16 57</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith</b>	FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Normally</b>	ADDRESS <b>3840 Lindell Blvd.</b>		

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

about 11

21 0 1 1

was the date of 1917

of the date of 1917

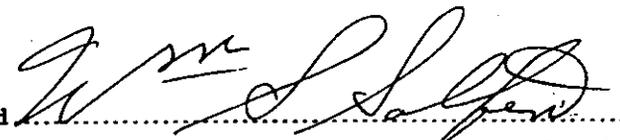
STATEMENT BY LICENSED EMBALMER

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.....  
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4699

P. O. Address 3840 Lind

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.