

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10960

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. No. 3139 Chippewa

File No.....
 Registered No. 2990
 St..... Ward.....

2. FULL NAME

Theresa Kruep
 (a) Residence, No. 3139 Chippewa St., 16 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bernard J Kruep</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 13-1887</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>48</u>	<u>1</u>	<u>10</u>	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Housewife 82</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>102</u>					
(c) Name of employer					

2 MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) 3/23 1930

17. I HEREBY CERTIFY, That I attended deceased from January, 1928, to 3-23, 1930 that I last saw her alive on 3-22- 1930 and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) Hypertension (duration) 2 yrs. 6 mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physioid Exam.
 (Signed) A. F. P. Day, M. D.
3-24, 1930 (Address) 807 Colleton Belg.

9. BIRTHPLACE (CITY OR TOWN) Ariston
 (STATE OR COUNTRY) Iel

10. NAME OF FATHER Eden Kauling

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sasina Oha

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Bernard J Kruep
 (Address) 3139 Chippewa

15. FILED Mar 24 1930 Max C. Stork REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ariston Iel

DATE OF BURIAL 3/26/30

20. UNDERTAKER Stroth & Carroll

ADDRESS 4600 Natl. Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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2
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