1446 So Grand

S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8323

Registration District No. 818

Primary Registration District No. 1005

Registrar's No. 2239

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1905 Miami Str. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community Missouri years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 624
(d) Street No. 1905 Miami Str. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred Torp
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Katherine
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased July 20th. 1869 (Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) U (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Unknown
13. Birthplace Germany (City, town, or county) U (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) U (State or foreign country)
16. (a) Informant John Torp
(b) Address 1905 A. Miami
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Henry L. Friedmueller
(b) Address 6203 Gravois Ave.
19. (a) MAR 9 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1945 hour 7:15 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 2 1945 to March 7 1945 that I last saw him alive on March 6 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Stenosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H B Dr Pen (M. D. or other) MD
Address 1446 S. Grand Date signed 3-9-45

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2398

P. O. Address.....

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.