

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21373/

State File No. \_\_\_\_\_

FILED JUN 20 1946

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1220

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town JENNINGS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1950 DAMATO CT. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... = (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town JENNINGS  
(If outside city or town limits, write "RURAL")

(d) Street No. 1950 DAMATO CT.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNA BROCKMANN

3. (b) If veteran, name war =

3. (c) Social Security No. =

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 2ND  
year 1946 hour 8 minute 30AM.

21. I hereby certify that I attended the deceased from June 2-46  
6 a.m. 1946 to June 2-46-8 a.m.  
that I last saw her alive on June 2 46  
and that death occurred on the date and hour stated above.

4. Sex Fe. / 5. Color or race W.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ARTHUR H.

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased JUNE 4 1891  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to 836

Other conditions 1  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

54 11 28 hr. \_\_\_\_\_ min. \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace ST. LOUIS  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M.D. or other)  
Address 6704 W. Flannery Date signed June 3-46

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name EDWARD LAUPP

13. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Nebling

(b) Address 2669 Ford Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JUNE 5 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation ST. JOHN CEMETERY

18. (a) Signature of funeral director [Signature]

(b) Address 1936 St. Louis Ave

19. (a) 6-5-46 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

20243

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**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... *Delis J. Krupine* .....  
Licensed Embalmer No. *3497* .....  
P. O. Address *1936 St. Louis Ave* .....

**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.**