

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030172

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

IC-90912

SL 11218

7616

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7616

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 1 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N. Grand, St. Louis, Mo.</b>		Length of stay in 1b <b>7 days</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		c. CITY OR TOWN <b>Ferguson</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VET. ADM. HOSPITAL</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>828 Hudson Rd.</b>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>THOMAS</b> Middle <b>C.</b> Last <b>KROUPER</b>			4. DATE OF DEATH Month <b>July</b> Day <b>22</b> Year <b>1963</b>			5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	
8. DATE OF BIRTH <b>12/22/98</b>		9. AGE (last birthday) <b>64</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>				
10b. KIND OF BUSINESS OR INDUSTRY <b>Civil Service</b>				11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>				12. CITIZEN OF WHAT COUNTRY <b>USA</b>				
13a. FATHER'S NAME <b>Charles Krouper</b>				13b. MOTHER'S MAIDEN NAME <b>Rose Kelley</b>				14. NAME OF HUSBAND OR WIFE - - - - -				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>Yes WW-1</b>				16. SOCIAL SECURITY NO. <b>WW-1</b>				17. INFORMANT <b>Helen Du Four (Daughter), Same add. as 2.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PNEUMONIA</b> DUE TO (b) <b>ATELECTASIS, RIGHT LOWER LOBE</b> DUE TO (c) <b>527.0</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>DIABETES MELLITUS (MILD), ARTERIOSCLEROTIC HEART DISEASE, CHRONIC EMPHYSEMA</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown												
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)								
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. <input checked="" type="checkbox"/> attended the deceased from <b>7/15/63</b> to <b>7/22/63</b> and last saw him alive on <b>7/22/63</b> Death occurred at <b>6:00 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <b>Robert C. Feutz</b> (Degree or title) <b>M. D.</b>						22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>			22c. DATE SIGNED <b>7/22/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>July 25, 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>				23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Missouri</b>				
24. FUNERAL DIRECTOR <b>CALVIN F. FEUTZ, 4828 Natural Bridge Bl.</b>				25. DATE RECD. BY LOCAL REG. <b>JUL 24 1963</b>		26. REGISTRAR'S SIGNATURE <b>Robert Smith, M.D.</b>						

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 John A. Miller

Licensed Embalmer No. 4186

P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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