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

Do not use this space.

11653

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 3500

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 8661 North Broadway St. ..... Ward)

2. FULL NAME Stephen Kypta

(a) Residence. No. 8661 North Broadway St. Ward. .....
(Usual place of abode) (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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancy Kypta (nee Patterson)

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 25, 1856

7. AGE: Years 71 | Months 3 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: City Employee
(b) General nature of industry, business, or establishment in which employed (or employer): Machinist
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Mo

PARENTS
10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

14. INFORMANT: Walter R. Kypta
(Address) 8661 North Broadway

15. FILED 20 ..., 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 26 1928

17. I HEREBY CERTIFY, That I attended deceased from 6/10 ....., 19 26, to Mar 26, 19 28 that I last saw b... alive on Mar 26 19 28, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A
77
74 A1
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) 3 yrs. — mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) M. Geo Torry, M.D.
3/27, 1928 (Address) 5249 Raymond

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Friedens
DATE OF BURIAL: Mar. 29 1928

20. UNDERTAKER: Math. Hermann and Son
ADDRESS: 4103 West Florissant Cor.

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.