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

Do not use this space.

24205

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 23

City Jefferson Barracks, Mo. U.S. Veterans Hospital, Jefferson Brks, Mo. Ward)

2. FULL NAME John J. Skorupinski.

(a) Residence. No. 5054 Beacon Str., St. Louis, Mo. Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

AUG 26 1930

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male.	White.	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Buelah Skorupinski.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	38	2	8	

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

9. BIRTHPLACE (CITY OR TOWN) Woodenwell.
(STATE OR COUNTRY) Texas.

PARENTS

10. NAME OF FATHER Michael Skorupinski.

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

12. MAIDEN NAME OF MOTHER Josephine Baridowck.

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

14. INFORMANT C. H. Smith, Clinical Director.
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED 1-18, 19 L. C. Obrock Mel REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1930, 19, to July 18, 1930, 19 that I last saw him alive on July 18, 1930, 19, and that death occurred, on the date stated above, at 4:45 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Terminal Pneumonia.

7 9 7

1 1 8

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pachyleptomeningitis.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy, Physical, Clinical & Laboratory findings.

(Signed) W. C. Gibson, Medical Officer in Charge, U.S. Veterans Hospital, Jefferson Barracks, Mo. M.D

, 19 (Address)

*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 National Jeff Bks — DATE OF BURIAL 7/21 1930

20. UNDERTAKER O. Hoffmeister U & L. C. — ADDRESS 7814 So Broadway

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.