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

Do not use this space.

4007

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 1414 N 20 St. ..... Ward)

File No. .....

Registered No. 1257

2. FULL NAME MARTIN LUPICKI

(a) Residence. No. 1414 N 20 St., 21 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ANNA LUPICKI

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 14-1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	1	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Trucker. 104

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Ill. Central R.R.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland. 20

PARENTS

10. NAME OF FATHER Casimir Lupicki

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

12. MAIDEN NAME OF MOTHER Kat. Kondzidzonski

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

14. INFORMANT Mrs Anna Lupicki (Address) 1414 N 20 St

15. FEB -1 1931 FILED ..... 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1930, to Jan 30, 1931, that I last saw him alive on Jan 30, 1931, and that death occurred, on the date stated above, at 6:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Metastatic Carcinoma

46B

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma Stomach

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 46B

DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Xray

(Signed) Arthur Zinkaer, M. D

1/4, 1931 (Address) 2202 Lincoln

*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: Calvary

DATE OF BURIAL: Feb. 2 1931

20. UNDERTAKER: Central

ADDRESS: 1841 Cass.

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.

Arthur Gundlach
2202 University St. Tyl 1830