

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

Do not use this space.

42026

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1603**
 City **St. Louis Mo.** (No. **City Jefferson**) St. _____ Ward _____

2. FULL NAME

Sam Krupinski **Samon Krupinski**
 (a) Residence, No. **City Jefferson, St. 13** Ward. _____
 (Usual place of abode) **1310 Sanfield Pl.** (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 **?**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **abt 1865**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
about	67	Unknown	Unknown	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Shoe Worker**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **86**

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

13. NAME **Sam Krupinski**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **31**

17. INFORMANT **M. E. Berger**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem** DATE **Dec 16**, 19**32**

19. UNDERTAKER **Central City Co**

20. FILED **DEC 15 1932**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 13 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 1**, 19**32**, to **Dec 13**, 19**32**.
 I last saw him alive on **Dec 12**, 19**32**. Death is said

to have occurred on the date stated above, at **7:30 a.m.**
 The principal cause of death and related causes of importance were as follows:

Am. Myocarditis
930
930
 Other contributory causes of importance: _____

23. Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify **Cardiomyopathy**
 (Signed) **Carl Hoop**, M. D.
 (Address) **St. Louis**

WRITE PLAINLY; WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Registrar

