Dr Warren
Paul Brown Bld
1 to 3.
LEGD APR 12 1939

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

8514
Do not use this space.

791
1003

1. PLACE OF DEATH

(a) County ..... 1 Registration District No. 1003

(b) Township ..... 1 Primary Registration District No. ..... Registered No. 2279

(c) City ST. LOUIS, MO. (d) Street No. ST. ANTHONY'S HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 140 FRANCES SKYPALA

(a) Residence, No. 4170 ITASKA St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ANTON SKYPALA

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JULY 30, 1866

7. AGE: YEARS 72 | MONTHS 7 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) JAN. 1, 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): AUSTRIA, HUNGARY

FATHER
13. NAME: UNK 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NK 9

MOTHER
15. MAIDEN NAME: OW 7
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N

17. INFORMANT (ADDRESS): Bert J. Skepala, 6419 Blow St

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. PETER & PAUL DATE 3/13/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): OSCAR J. HOFFMEISTER, 4016 CHIPPEWA ST.

20. FILED MAR 9 1939 19 J. F. Bredeck, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1939, to Mar 8, 1939
I last saw her alive on Mar 8, 1939. Death is said to have occurred on the date stated above, at 7:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis General	?
Hypertension Chr	? 4 yrs
Myocarditis Chr	
Nephritis Chr	

Other contributory causes of importance:
Hemorrhage from Tract (Organ?) — Mar 2-39

Name of operation no Date of
What test confirmed diagnosis? Phys Exam Lab Info 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? no
If so, specify
(Signed) Robert G. Warren M. D.
(Address) 1115 Paul Brown Bld St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-39-38 I X14028

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.