

REC'D JUN 1 1939

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

17286

Do not use this space.

4820

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 or **St. Louis,** (c) City..... (d) Street No. **1022 Cass Ave.** 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. **1022 Cass Ave.** St. **25** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 3, 1883		
7. AGE	YEARS 55	MONTHS 5
	DAYS 22	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. Tailor	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation.
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 7	
	13. NAME Joseph Krupa 7	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 7	
	15. MAIDEN NAME Catherine Tabor	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland	
17. INFORMANT (ADDRESS) Sophia Plekntowski 1022a Cass Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE May 29, 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) General Funeral Home Inc. 2233 University Street.		
20. FILED MAY 27 1939 J. B. Budick Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 25, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **April 9, 1939** to **May 25, 1939**
 I last saw him alive on **May 23, 1939**. Death is said to have occurred on the date stated above, at **10:15** m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis, chronic
Apoplexy
93C

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? **Thyroid gland** Was there an autopsy? **No.**

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 **William Daehmer, M. D.**
 (Signed) **William Daehmer, M. D.**
 (Address) **3402 E. N. Union**

(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.

I X 16603

Dr. M. Wachowiak
3402a North Union Blvd.

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.....

Edward J. Bockhorst

Registered Apprentice No.....

working under my personal supervision.

Signed

Edward J. Bockhorst

Licensed Embalmer No.....

2502

P. O. Address.....

Dayton Mo

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.