

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

13307

State File No. _____

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 3509

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: River Foot of Meramec St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1830 So. 13th. St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th day April
year 1940 hour 10:20 minute A. M.
21. I hereby [certify] that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation due to Drowning; when deceased jumped into Mississippi River from Municipal Bridge on April 1st, 1940 about 12:30 P.M.
Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence April 1st, 1940
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
While at work _____
(Specify type of place) (Specify means of injury)

23. Signature Joseph M. [Signature] (M.D. or other)
Address St. Louis, Mo.

3. (a) PRINT FULL NAME Monte Lupardus 163
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Launa Lupardus 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May, 10, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 11 6 _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name James Lupardus
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Adina Houser
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lesang Lupardus
(b) Address 1925a Geyer, Ave.

17. (a) Burial (b) Date thereof 4/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director C. Magdell
(b) Address 1926 Allen, Ave.

19. (a) APR 18 1940 (b) [Signature]
(Date received from registrar) (Signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Benj. C. Division

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

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.