

No. 2  
4-13-40  
5-17-39  
X23158

**MAR 25 1941**  
Registration District No. **7911**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis.

(c) Name of hospital or institution:  
1618 N. 14th. St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community 20 Years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Supitkowski.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

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

6. (b) Name of husband or wife Eva Supitkowski. 6. (c) Age of husband or wife if alive 36. years

7. Birth date of deceased January 26 1896.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

45 0 28 hr. min.

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

10. Usual occupation Unemployed.

11. Industry or business.....

12. Name Frank Supitkowski.

13. Birthplace Russia.  
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Puchia.

15. Birthplace Germany.  
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Supitkowski.  
(b) Address 1717 N. 11th. St.

17. (a) Burial. (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation Calvary cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.  
(b) Address 2381 St. Louis Ave.

19. (a) **FEB 28 1941** (b) J. W. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County.....

(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")

(d) Street No. 1717 N. 11th. St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 24th  
year 1941 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Cerebral Brain  
Alcoholic Gastritis  
Chronic Arteriosclerosis  
Chronic Intestinal Nephrosis

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

(Specify type of place) (e) Means of injury 3

23. Signature J. W. Bredeck (M. D. or other).....  
Address St. Louis Date signed 2/28/41

**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: *Harold L. Pander*

Licensed Embalmer No. *3367*

P. O. Address: *7223 St. Louis Ave.*

**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, fact should be so stated above.**