No. 2
-4-13-40
5-17-39
I X23159

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

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8933

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2343

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1726 Dolman Str (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 30 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 10023

(c) City or town St. Louis, Mo. 17 (If outside city or town limits, write "RURAL")

(d) Street No. 1726 Dolman Str 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 30 0 years.

3. (a) PRINT FULL NAME Adam Tupy

3. (b) If veteran, name war No

3. (c) Social Security No. 489-05-1107

4. Sex Male C

5. Color or race Wht.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Catherine Tupy

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) About (Day) 1880 (Year)

8. AGE: Years about 60 Months Unknown Days If less than one day hr. min.

9. Birthplace (City, town, or county) 8 Slovakia (State or foreign country)

10. Usual occupation Iron Worker

11. Industry or business

FATHER
12. Name Adam Tupy
13. Birthplace (City, town, or county) 8 Slovakia (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Anna Gaspar
(b) Address 1726 Dolman Str

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 15, 41 (Month) (Day) (Year)
(c) Place: burial or cremation New S. S. Peter & Paul

18. (a) Signature of funeral director Wm. C. Maydell
(b) Address 1926 Allen Ave.

19. (a) MAR 14 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 13 year 1941 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 2/21/38, 19, to 3/13, 1941, that I last saw him alive on 3/13, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis — Duration about 2 years

Due to Cardio-vascular renal syndrome c̄ hypertension — Several years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

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) no
(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)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address 1040 Emmet Date signed 3/14/41

(Licensed Embalmer's Statement on Reverse Side)

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 Duncan

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.