

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33505

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8461

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: St. Antonys Hospital U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, Mo. 124
(If outside city or town limits, write "RURAL")
(d) Street No. 2920 Wyoming 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Frank Cerpiot

3. (b) If veteran, name war No 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Gladys Cerpiot 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Feb. 17 1903
(Month) (Day) (Year)

8. AGE: Years 38 Months 8 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business _____

MOTHER FATHER

12. Name Christ Cerpiot

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

14. Maiden name Anna Metzker

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys Cerpiot

(b) Address 2920 Wyoming Str

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul

18. (a) Signature of funeral director W. C. Mayall

(b) Address 1926 Allen Ave.

19. (a) OCT 25 1941 (Date received local registrar) (b) J. F. Bredet (Registrar's signature)

20. DATE OF DEATH: Month Oct. day 23
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct - 1936 to Oct 23 - 1941
that I last saw h. live on Oct and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial infarction Duration _____

Due to _____

Due to _____

Other conditions 93
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 93

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? _____

While at work (Specify type of place) (e) Means of injury _____

23. Signature J. F. Bredet (M. D. or other)

Address 4065 Duane Date signed 10/24/41

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 *Benny 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 with the above constitutes grounds for revocation of license.)

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