

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33603

FILLED NOV 24 1941 791

State File No. 33603

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 8561

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 BARNES HOSPITAL
(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 Illinois (b) County Madison
(c) City or town Granite City
(If outside city or town limits, write "RURAL")
(d) Street No. 1812 Omaha (If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Irene Ann Zupcic
(b) If veteran, name war _____ No. _____
(c) Social Security No. 27-12-2673

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 27 year 1941 hour 3:00 minute P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anthony 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased Feb. 19 1916
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 16, 1941, to Oct 27, 1941; that I last saw her alive on Oct. 27, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
25 25 8 8 hr. _____ min.

Immediate cause of death Nitrogen retention Duration _____
Due to Pyelonephritis & hyper-tension ? 1 yr.

9. Birthplace Granite City / Illinois
(City, town, or county) (State or foreign country)

Due to _____
Other conditions Aut. Idiopathic Tetany 10 yrs.
(Include pregnancy within 3 months of death)

10. Usual occupation Housework
11. Industry or business OWN Home

Major findings: Of operations No. Stones
Of autopsy Maldeveloped Kidney, Ch. gross infected kidney, rt. Perinephric abs.
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name John Kozar Sr.
13. Birthplace Hungary
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Dudes
15. Birthplace Hungary
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Anthony Zupcic
(b) Address 1912 Omaha - Granite City, Ill.
17. (a) Removal (b) Date thereof 10/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Granite City, Ill.

23. Signature David Hale Kerr (M. D. or other) M.D.
BARNES HOSPITAL
Date signed 10-27-41

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) OCT 28 1941 (b) J F Burch
(Date signed and filed) (Registrar's signature)

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

520

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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.....

Guy W Wilkinson

Licensed Embalmer No..... *3575*

P. O. Address.....

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.