

S. No. 2
M-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4191
State File No. 1869

FILED MAR 17 1942

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis Mo.
(c) Name of hospital or institution:
1112 Victor St.
(d) Length of stay: In hospital or institution _____
In this community 72 years in St. Louis

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 1112 Victor St.
(e) Citizen of foreign country? Austria
If yes, name country 72 Years in St. Louis

3. (a) PRINT FULL NAME FRANK CEPELKA
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 Mary Cepelka 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Jan 21 1868

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 26 year 1942 hour 3 40 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from February 15th 1942 to February 26th 1942
that I last saw him alive on February 26th 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 1 Days 5 If less than one day _____ hr. _____ min.

Immediate cause of death Cardiovascular
Renal disease
Due to _____
Due to _____

9. Birthplace Austria
10. Usual occupation Retired Tobacco Worker

Other conditions Chronic Prostatitis with hyper trophy
Major findings: Of operations
Of autopsy _____

11. Industry or business _____
12. Name Witt Cepelka
13. Birthplace Austria
14. Maiden name Unknown
15. Birthplace Austria

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

16. (a) Informant Mary Cepelka
(b) Address 1112 Victor St.
17. (a) Burial (b) Date thereof March 2-42
(c) Place: burial or cremation S. S. Peter & Paul
18. (a) Signature of funeral director J. J. Bredeck
(b) Address 2906 Gravois Ave.
19. (a) FEB 28 1942 (b) J. J. Bredeck

While at work? _____ (Specify type of place) _____
(c) Means of injury _____
23. Signature Wm. F. Singer (M. D. _____)
Address 1115 Victor St. Date signed 2-27-42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

Tel. G. 0078.

Dr. Johnson
12 K. Woodson

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.....

David M. Van Fossan

Registered Apprentice No. *280.*

working under my personal supervision.

Signed *David M. Van Fossan*

Licensed Embalmer No. *1619*

P. O. Address *2906 Grandis*

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.