

Registration District No. 1003

Primary Registration District No.

Registrar's No.

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: 2802 S. Jefferson
(If not in hospital or institution, write address number or location)
(d) Length of stay: In hospital or institution 60 Years. (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 24000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2802 S. Jefferson
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____
60 Years.

3. (a) PRINT FULL NAME JOSEPH TRUPKA

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

7. Birth date of deceased Jan 6th 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Tailor

11. Industry or business _____

12. Name Joseph Trupka

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

14. Maiden name Unknown

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

16. (a) Informant Theresa Trupka

(b) Address 2818 Magnolia

17. (a) Burial (b) Date thereof Feb 13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER & PAUL

18. (a) Signature of funeral director Shordutis & Son

(b) Address 2906 Gravois Ave.

19. (a) FEB 12 1942 (b) J. F. Budzek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb day 10
year 1942. hour 7:00 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration _____
Cardiac Hypertrophy

Due to _____

Due to _____

Other conditions g2a
(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? _____

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

23. Signature Alfred Perry (M. D. or other) _____

Address _____ Date signed 2/11/42

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

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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.....

David Van Fossen

Registered Apprentice No. *280.*

working under my personal supervision.

Signed.....

Thor Curtis

Licensed Embalmer No. *1619.*

P. O. Address. *2906 Grava's*

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.