S. No. 2
—1-4-41
. 5-17-39
P1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25975

FILED SEP 1 1942

Registration District No. 318

Primary Registration District No. 10-3

Registrar's No. 7052

1. PLACE OF DEATH:

(a) County: St. Louis,

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

(c) Name of hospital or institution: 1610 Hogan Street. /
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State: Missouri (b) County: 12 6 2b

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

(d) Street No.: 1610 Hogan Street (If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Frank Korpal Sr.

3. (b) If veteran, name war: -

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: / Married

6. (b) Name of husband or wife: Rose Korpal

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: October (Month) 5 (Day) 1862 (Year)

8. AGE: Years 79 Months 10 Days 15 If less than one day hr. min.

9. Birthplace: (City, town, or county) Poland 4 (State or foreign country)

10. Usual occupation: Retired Boiler Maker.

11. Industry or business:

FATHER 12. Name: Michael Korpal

FATHER 13. Birthplace: (City, town, or county) Don't Know Poland 4 (State or foreign country)

MOTHER 14. Maiden name: Don't Know

MOTHER 15. Birthplace: (City, town, or county) Poland 4 (State or foreign country)

16. (a) Informant: Alexander Korpal

(b) Address: 1610 Hogan Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: August 24, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: General Funeral Home Co.

(b) Address: 2233 University Street

19. (a) AUG 22 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20 year 1942 hour 7 minute 45 P M.

21. I hereby certify that I attended the deceased from May 21/42, 19, to Aug 20 42, 19; that I last saw it alive on Aug 20 42; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Dilatation	3 days
Due to: Burg Ulcer Stomach	2 yrs
Due to: Cirrhosis of Liver	2 yrs
Due to: Arteriosclerosis	1 yr
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: 187 S. Newstead Date signed: 8/22/42

844 (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 Edward Z. Lockhart

Licensed Embalmer No. 2502

P. O. Address Clayton Mo.

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.