

REG SEP 23 1942
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1423 A Monroeville St #3
(If not in hospital or institution, write street number or location)
(d) Length of stay in hospital or institution:
En Route City Hosp #1
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County COO
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 926
(d) Street No. 1423 A Monroeville St
(If outside city or town limits, write "RURAL") Monroeville
(e) Citizen of foreign country? (Yes or No)
No Attending Physician

3. (a) PRINT FULL NAME FRANCIS ZEIK (FRANK) Deptula

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 Balbon 6. (c) Age of husband or wife if Deptula alive years

7. Birth date of deceased May 25 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name Stephan Deptula

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

14. Maiden name Signey

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

16. (a) Informant Edward Deptula

(b) Address 1423 A Monroeville St

17. (a) Burial (b) Date thereof 9-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Deptula

(b) Address 1841 Cass Ave

19. (a) SEP 17 1942 (b) J. P. Bredeck
(Date received local jurisdiction) (Registrar's signature)

MEICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15
year 1942 hour 8 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 Chronic Myocarditis
Embrosis of Liver

Due to Chronic Myocarditis
Embrosis of Liver

Due to Chronic Myocarditis
Embrosis of Liver

Other conditions 1/24
(Include pregnancy within 3 months of death)

Major findings: 1/24
Of operations

Of autopsy 1/24
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 3

23. Signature Thomas F. Callahan (M. D. or other)

Address Deputy Coroner Date signed 9/14/42

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

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.....

Albert B. Hayes

Licensed Embalmer No.

29691

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.