DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Rec'd NOV 23 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 55005

Registrar's No. 9639

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: 7915 Church Road
(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 29 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 8
(If outside city or town limits, write "RURAL")

(d) Street No. 7915 Church Road
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 35 years.

3. (a) PRINT FULL NAME PETRONELLE KUPRIS

3. (b) If veteran, name war No

3. (c) Social Security No. 495-12-6373

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mike Kupris

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May (Month) 30 (Day) 1886 (Year)

8. AGE: Years 56 Months 5 Days 17 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name (Unknown) Garsva
13. Birthplace Unknown (City, town, or county) Lithuania (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Lithuania (State or foreign country)

16. (a) Informant's own signature Mike Kupris

(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director John J. Kasely

(b) Address E. St. Louis, Ill.

19. (a) NOV 19 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 year 1942 hour 6: minute 00 P.M.

21. I hereby certify that I attended the deceased from 7/28, 1942, to 11/17, 1942, that I last saw he alive on 11/17, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pylorus

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 8321 W Bay Date signed 11/18/42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39 Rev. 5-17-39

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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, above space should be left blank.