S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 455

Registrar's No. 961

**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: Alexian Bros. Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 70 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, Mo. 923 (If outside city or town limits, write "RURAL")

(d) Street No. 2258 Jules Str (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Joseph Kroupa

3. (b) If veteran, name war No

3. (c) Social Security No. ------

4. Sex Male

5. Color or race Wht. 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Barbara Kroupa

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

7. Birth date of deceased Unknown (Month) about (Day) 1872 (Year)

8. AGE: Years about 70 Months Unknown Days If less than one day hr. min.

9. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name William Kroupa 8
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Kroupa Jr.

(b) Address 2258 Jules Str

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/43 (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Wm. C. Mondell

(b) Address 1926 Allen Ave.

19. (a) JAN 30 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 28 year 1943 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 6, 1943, to Jan. 28, 1943 that I last saw him alive on Jan. 28, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Thrombosis | 1 day |
| Due to Diabetes Mellitus | |
| Chr. Endocarditis | |
| Due to Chr. Nephritis | |
| Chr. Pancreatitis | |
| Other conditions Delirium Tremens (Include pregnancy within 3 months of death) | |

Major findings: Of operations none

Of autopsy as above

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) no

(b) Date of occurrence —

(c) Where did injury occur? none (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? no (e) Means of injury

23. Signature Jno. C. Daniel (M. D. or other) MD

Address 2767 Gravois Date signed 1-29-43

(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 Wm. E. Maydell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen

**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.**