

JUL 31 1943

Registration District No. 318 Primary Registration District No. 1003Registrar's No. 6685

## 1. PLACE OF DEATH:

(a) County ST LOUIS  
 (b) City or town ST LOUIS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Urnsant City Hosp 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME John J. Koupal3. (b) If veteran, name war No 3. (c) Social Security No. 494-07-59394. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 8, 1882  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
61 5 15 hr. \_\_\_\_\_ min.9. Birthplace Jerseville Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Shoe Worker

## 11. Industry or business

12. Name Joseph Koupal  
13. Birthplace Czechoslovakia  
(City, town, or county) (State or foreign country)14. Maiden name Katherine Jilek15. Birthplace Jerseyville Illinois  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Josephine Burkart(b) Address 3625 Gasconade St.17. (a) Burial (b) Date thereof 7/26/43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Old SS Peter & Paul18. (a) Signature of funeral director Oscar J Hoffmeister(b) Address 4016 Chippewa19. (a) JUL 24 1943 J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
 (c) City or town St. Louis 920  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3225 Montgomery  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23  
year 1943 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Coronary Sclerosis  
Arterio Sclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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 Thomas J. Callahan (Date or other) 1943-43  
Address Deputy Coroner Date filed 7-24-43

0100-15

**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 Ernest W. Spillers  
Licensed Embalmer No. 4080  
P. O. Address 3836 Bataine Rd

**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.**