

FILED DEC 5 1944 318

1003

Registration District No.

Primary Registration District No.

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Briar Hill (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME THOMAS WILLIAM KROUPA

3. (b) If veteran, name war..... 3. (c) Social Security No. 333-18-9837

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. Mamie Cermak 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased. April 26, 1901
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 27 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER
12. Name William Kroupa
13. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)
14. Maiden name Ineresa Svehla
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Helen P. Wargend
(b) Address East St. Louis, Ill.

17. (a) Removal (b) Date thereof. 11-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Thomas

18. (a) Signature of funeral director Charles J. Murray
(b) Address East St. Louis, Ill.

19. (a) NOV 25 1944 (b) J. F. Prudeak
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1944 hour 5 minute 32 P.M.

21. I hereby certify that I attended the deceased from Nov. 31, 1944, to Nov 23, 1944
that I last saw him alive on Nov. 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral embolism and thrombosis Duration

Due to abscess of left lung non-tubercular

Due to.....
Other conditions. 82
(Include pregnancy within 3 months of death)

Major findings: abscess of lung
Of operations.....
Of autopsy abscess of lung cerebral cortical infarction.

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?
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature JR Pradley (M. D. or other)
Address BARNES HOSPITAL Date signed 11-24-44

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

no 17 9

999
N.R.

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.

Not Embalmed
Signed.....
Licensed Embalmer No.....

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.