No. 2
2-45
7-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24613

Registration District No. 160 | Primary Registration District No. 3029 | Registrar's No. 52

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town 8 miles South of Crystal City Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: unknown — 13 Mississippi River
(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 ✓

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. 1818 Geyer Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Chalupny

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

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 May 13, 1900 (Month) (Day) (Year)

8. AGE: Years 47 | Months 1 | Days 23 | If less than one day hr. min.

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

10. Usual occupation Light Factory work

11. Industry or business Pencil Co.

FATHER
12. Name John Chalupny
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Agnes Senetz
15. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

16. (a) Informant Joe Chalupny
(b) Address St. Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis County

18. (a) Signature of funeral director Benjamin P. Fabiel
(b) Address Crystal City Mo

19. (a) July 7, 1947 (Date received local registrar) (b) Cleora Bellmills (Registrar's signature)

MEDICAL CERTIFICATION

Body taken From Miss. River.

20. DATE OF DEATH: Month July day 6
year 1947 hour 11: minute 00 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 Drowning in the overflow of the Mississippi River

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death may be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 T. B. Edwards (M. D. or Coroner)
Address Cedar Hill Mo Date signed 7/6/47

(Licensed Embalmer's Statement on Reverse Side)

APR 19 1955

JUL 25 1947

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-22-47

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 Jeffrey R. Pollitt

Licensed Embalmer No. 3481

P. O. Address Crystal City

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.

No. 2B
—3-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 52

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Joachim Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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 Mo (b) County St Louis

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Chalupny

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 13 (Month) (Day) (Year)

8. AGE: Years 47 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July
year 1947 hour minute 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 Coroners Verdict Injury By drawning in the Overflow of the Mississippi river

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.

164B

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) Suicide

(b) Date of occurrence About July 1st 1947

(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?
Mississippi River
(Specify type of place)

While at work? (e) Means of injury

23. Signature T. B. Edwards (M. D. or other) Coroner

Address Cedar Hill Date signed 8/12/47

SUPPLEMENTARY

24613