. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14318

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4057

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: ALEXIAN BROS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WEEK (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 040
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2950 a MICHIGAN 9
(If rural, give location) 16
(e) Citizen of foreign country? (Yes or No) d
If yes, name country

3. (a) PRINT FULL NAME VINCENT I. KOUPAL
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 19 (Day) 1911 (Year)
8. AGE: Years 36 Months 9 Days 8 If less than one day hr. min.
9. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)
10. Usual occupation RECEIVING CLERK
11. Industry or business McDONALD AIRCRAFT
FATHER 12. Name JOHN KOUPAL
13. Birthplace BOHEMIA (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name ELEANORE KRATKY
15. Birthplace BOHEMIA (City, town, or county) (State or foreign country)
16. (a) Informant DOROTHY KOUPAL
(b) Address 2950 a MICHIGAN
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 1, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL
18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS
19. (a) APR 29 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 27 year 1948 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from 10-30- 1945, to 4-27-48, 19..., that I last saw him alive on 4-27-48, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic degenerative nephritis	2 1/2 yrs
Hypertension	2 1/2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (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 John D Seitl (M. D. or other)
Address 3840 California Date signed 4-29-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)
JOHN D SEITL

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.....

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo

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.