

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15894**FILED **APR 18 1953**REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **3610**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3517<sup>3</sup> NEBRASKA</b>		e. STREET ADDRESS (If rural, give location) <b>23 1840 DOLMAN 2239</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARIE</b>		b. (Middle)		c. (Last) <b>KROUPA</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 3 1953</b>					
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>JAN 1, 1868</b>		9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months Days IF UNDER 2 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>BOHEMIA</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>JOHN PAZDERNIK</b>		13b. MOTHER'S MAIDEN NAME <b>JOSEPHINE BRDA</b>	
14. NAME OF HUSBAND OR WIFE <b>WILLIAM KROUPA (DECD)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>WILLIAM KROUPA</b>		ADDRESS <b>3517<sup>3</sup> NEBRASKA</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocardiitis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4222</b>	
22. I hereby certify that I attended the deceased from <b>7-1</b> , 19 <b>51</b> , to <b>4-3</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>4-2</b> , 19 <b>53</b> , and that death occurred at <b>9:20 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>John Deit</b>		(Degree or title)		23b. ADDRESS <b>2840 California</b>	
23c. DATE SIGNED <b>4-6-53</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>APR. 6 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>S.S. PETER &amp; PAUL CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS. MO.</b>					
DATE REC'D BY LOCAL REG. <b>APR 6 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutis</b>	
				ADDRESS <b>2906 Bravos</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Leaf Budde* .....  
Licensed Embalmer No. *398*

P. O. Address *H. L. ...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.