

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9803

FILED MAR 31 1955

State File No.

318

1003

Registrar's No. 2004

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS Mo</u>		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2921 S COMPTON</u>			e. STREET ADDRESS (If rural, give location) <u>2330 Mc NAIR 2239</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u>		b. (Middle) <u>M.</u>	c. (Last) <u>KAPR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 2 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>SEPT. 26 1880</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or foreign Country) <u>BOHEMIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>ALOIS CHLUPSA</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE (DEC'D) <u>FRANK KAPR SR</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>AGNES SCHWAB 2921 S. COMPTON</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemiplegia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Generalized arteriosclerosis</u> 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 <u>2-19-55</u>
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) _____		21f. HOW DID INJURY OCCUR? <u>334X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <u>1-6-55</u> , 19 <u>55</u> , to <u>3-2-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-28-55</u> , 19 <u>55</u> , and that death occurred at <u>4:16 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. G. Merklein M.D.</u> (Degree or title)		23b. ADDRESS <u>3507 Potomac</u>		23c. DATE SIGNED <u>3-3-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR. 4 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW PICKER CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>		
DATE REC'D BY LOCAL REG. <u>MAR 3 1955</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Rutes 2906 Mevris</u>			

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

11-1-1863

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 *Lea J. Ruddle*
Licensed Embalmer No. 398

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.