

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26001  
STATE FILE NUMBER

FILED JUL 31 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6854**

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN <b>St Louis</b>		c. CITY OR TOWN <b>St Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4235 Meramec St</b>		d. STREET ADDRESS <b>4235 Meramec Street</b>	
3. NAME OF DECEASED (Type or print) First <b>Frances</b> Middle <b>Chaloupsky</b> Last <b>Chaloupsky</b>		4. DATE OF DEATH Month <b>July</b> Day <b>20</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 1 1883</b>
9. AGE (In years last birthday) <b>74</b>		10. IF UNDER 1 YEAR Months <b>7</b> Days <b>14</b> Hours <b>14</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>St Louis Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>	
13. FATHER'S NAME <b>Jaroslav Votruba</b>		14. MOTHER'S MAIDEN NAME <b>Emily Bastel</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.	
17. INFORMANT <b>George Chaloupsky</b>		Address <b>4235 Meramec Str</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I.-DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>444x</b>			INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b> <b>12/14/55</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>12</b> Month, Day, Year <b>12-1955</b> a. m. <b>12</b> p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>12-1955</b>		20f. CITY, TOWN, OR LOCATION <b>7-20-57</b> COUNTY STATE	
21. I attended the deceased from <b>Dec 19 55</b> to <b>July 20 1957</b> and last saw her alive on <b>July 20 1957</b> Death occurred at <b>12 midnight</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Julius H. Kopp</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>607 N. Grand</b>	
22c. DATE SIGNED <b>7/24/57</b>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/24/57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery</b>		23d. LOCATION (City, town, or county) <b>St Louis Missouri</b>	
24. FUNERAL DIRECTOR <b>Moynell Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>JUL 23 57</b>	
ADDRESS <b>1926 Allen Av</b>		26. REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	

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 *Reinhold K. Lohme*

Licensed Embalmer No. *339*

P. O. Address *St Louis*

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.