

STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1957

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6584

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY 1

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS

d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS. Hosp.

8. STREET ADDRESS (If rural, give location) 3517^A NEBRASKA

3. NAME OF DECEASED
s. (First) WILLIAM b. (Middle) JOSEPH c. (Last) KROUPA

4. DATE OF DEATH (Month) (Day) (Year) JULY 12 1957

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH SEPT 30 1894

9. AGE (In years last birthday) 62 UNDER 1 YEAR Months Days UNDER 24 Hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BEER BOTTLER

10b. KIND OF BUSINESS OR INDUSTRY BUSCH BREWERY

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM KROUPA

13b. MOTHER'S MAIDEN NAME MARY PAZDERNIK

14. NAME OF HUSBAND OR WIFE MINNIE KROUPA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)

16. SOCIAL SECURITY NO. 488-09-0003

17. INFORMANT'S SIGNATURE OR NAME ADDRESS MINNIE KROUPA 3517^A NEBRASKA

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) 420.1H

INTERVAL BETWEEN ONSET AND DEATH 1 da

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Esophagus

3 mos

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 7-1, 1957, to 7-12, 1957, that I last saw the deceased alive on 7/12, 1957, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Swekorsky MD

23b. ADDRESS 8818 Gravois

23c. DATE SIGNED 7/14/57

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE JULY 16 1957

24c. NAME OF CEMETERY OR CREMATORY S. PETER & PAUL CEM.

24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo

DATE REC'D BY LOCAL REG. JUL 15 57

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Rute 2906 Marine

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

