THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003457
STATE FILE NUMBER

FILED FEB 4 1959

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 722

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3700 So. Main St. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: /
c. CITY OR TOWN: St. Louis 2249 U — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 3700 So. Main St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: John — Middle: — Last: Rupska
4. DATE OF DEATH: Month: January — Day: 17 — Year: 1959
5. SEX: Male U
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May 2, 1881
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal
11. BIRTHPLACE (City and state or country): Europe
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-22-7915
17. INFORMANT: Oscar Schaefer — Address: Bldg. 5a Public Administrator, Civil Courts

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Exposure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): E932.0 22
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) When found in his home.
20c. TIME OF INJURY: Hour a. m. p. m. ? — Month, Day, Year 1 17 59 Shed #3, on January 17 1959.
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (At home, farm, factory, street, office bldg., etc.) 245 Home
20f. CITY, TOWN OR LOCATION: St Louis — COUNTY: — STATE: Mo.

21. I attended the deceased from ..... to ..... and last saw her/him alive on ..... Death occurred at 8:17AM m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Patrick J. Taylor (Degree or title) Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 1.22.59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/22/1959
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
23d. LOCATION (City, town, or county) (State): Jennings, Mo.
24. FUNERAL DIRECTOR — ADDRESS: Morrell Mortuary, 3710 North Grand
25. DATE RECD. BY LOCAL REG.: JAN 22 '59
26. REGISTRAR'S SIGNATURE: J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Loron E. Percy

Licensed Embalmer No. 40

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.