

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007330

STATE FILE NUMBER

2 1092

FILED FEB 17 1959

Registration District No.

Primary Registration District No.

Registration No.

300
1-57
10
492
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DE PAUL HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2838 WYOMING Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle J Last KROUPA			4. DATE OF DEATH Month JAN Day 27 Year 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR 20 1891
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED STATIONARY FIREMAN		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BOHEMIA
12. CITIZEN OF WHAT COUNTRY? U-S-A		13a. FATHER'S NAME JOHN KROUPA	
13b. MOTHER'S MAIDEN NAME MARY BERAN		14. NAME OF HUSBAND OR WIFE ANNA KROUPA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 493-10-0732A	17. INFORMANT ANNA KROUPA Address 2838 WYOMING
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemophthosis, pulmonary hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Circumference of the lungs. DUE TO (c) 163X			INTERVAL BETWEEN ONSET AND DEATH 2 hours. 2 years.
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE None <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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at Feb 1959 to Jan 27 1959 and last saw him alive on Jan 27 1959 at 11:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Doctor or nurse) Donald H. Dowe M.D.	
22b. ADDRESS 2435 N. Grand Blvd		22c. DATE SIGNED 1-29-59	
23a. BURIAL, CREMATION, REMOVAL, (Specify) BURIAL	23b. DATE JAN 31 1958	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM	23d. LOCATION (City, town, or county) (State) ST. LOUIS MO
24. FUNERAL DIRECTOR Thomas Kutia ADDRESS 2906 Gravois		25. DATE RECD. BY LOCAL REG. JAN 30 '59	26. REGISTRAR'S SIGNATURE Paul Smith. M.D.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

3rd
5-30 Am. Embalmer
V.C. 5-4811

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 James C. Hill

Licensed Embalmer No. 4347
P. O. Address 2906 Spru

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.