

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011112
STATE FILE NUMBER
2 1984

FILED MAR 17 1959 Registration District No. Primary Registration District No. Registration No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		c. CITY OR TOWN St Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Anthony, s		d. STREET ADDRESS (If outside, give location) 2260 Jules Street	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb 2 weeks		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Joseph Frank Kroupa			4. DATE OF DEATH Month Day Year Feb 24 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 Nov 11 1894	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Clerk		10b. KIND OF BUSINESS OR INDUSTRY Post Office		11. BIRTHPLACE (City and state or country) St Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME Joseph Kroupa		13b. MOTHER'S MAIDEN NAME Barbara ?	
14. NAME OF HUSBAND OR WIFE U S		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. --	
17. INFORMANT Tena Kroupa		Address 2260 Jules Street			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Head Injury</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) <u>suffered in fall on ice</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	b. DESCRIBE HOW INJURY OCCURRED (Use portion of injury in PART I or PART II of item 18.) <u>fell on ice</u>		
20c. TIME OF INJURY Hour a.m. Month, Day, Year <u>6:00 = 1 28 59</u>	c. CITY, TOWN, OR LOCATION <u>St Louis Mo.</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>St Louis Mo.</u>	COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>Sign in duplicate from 3</u>		22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>2/25/59</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2/27/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson Brks Missouri</u>
24. FUNERAL DIRECTOR <u>Lloydell Funeral Home 1926 Allen</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 25 '59</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>

(Licensed Embalmer's Statement on Reverse Side)

300
-57
73

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

mjb

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed George Huobede Jr......
Licensed Embalmer No. 4894.....
P. O. Address 1925 E. 11th St......

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.