

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-019799

STATE FILE NUMBER

AMENDED FILED JUN 6 1961 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1368

1. PLACE OF DEATH
 a. COUNTY **St. Louis**
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Kirkwood** Length of stay in 1b **2 yrs.**
 c. FULL NAME OF HOSPITAL OR INSTITUTION **111 E. Madison** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **St. Louis**
 c. CITY OR TOWN **Kirkwood** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **111 E. Madison** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Andrew** Middle **Kapusniak** Last **Kapusniak**
 4. DATE OF DEATH: Month **May** Day **15** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH: **11/15/1907** 9. AGE (last birthday) **53**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Tool & Die** 10b. KIND OF BUSINESS OR INDUSTRY **Chrysler Corp.** 11. BIRTHPLACE (City and state or country) **Poland** 12. CITIZEN OF WHAT COUNTRY: **U.S.**

13a. FATHER'S NAME **Adam Kapusniak** 13b. MOTHER'S MAIDEN NAME **Catherine Biczak** 14. NAME OF HUSBAND OR WIFE **Stella**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT Address **Virginia Vitale, 1585 Jennifer Madison Hts., Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Unkown Natural Causes**
 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)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown.

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.)
 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 _____, to _____ and last saw her/him alive on _____
 Death occurred at **3:35P** _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or Signer) **John C. Murphy MD Asst. Health Commissioner** 22b. ADDRESS **801 S. Brentwood Clayton, Mo.** 22c. DATE SIGNED _____

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **5-16-61** 23c. NAME OF CEMETERY OR CREMATORY **LOCAL** 23d. LOCATION (City, town, or county) (State) **Detroit, Michigan**

24. FUNERAL DIRECTOR ADDRESS **Albert H. Hoppe, Inc., 4700 Washington Blvd.** 25. DATE RECD. BY LOCAL REG. **5-16-61** 26. REGISTRAR'S SIGNATURE **John C. Murphy MD Jr.**

DATE PREPARED
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

at card.

Approved

at card.

Signature

Signature

no. 15: . III

no. 15: . III

III

III

III

Signature

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 *Harvey Kable*

Licensed Embalmer No. 4596
P. O. Address St Louis, Mo

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.