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FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9302**  
Registrar's No. **2712**

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Mo. 3 Days**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1610 Hogan Street**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Edward Korpak**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. **488-07-9156**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **September 24 1905**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**35 6 1** \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Duquoin Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Shipping Clerk**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Frank Korpak**  
13. Birthplace **Poland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Rose Grabowaki**  
15. Birthplace **Poland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Korpak**  
(b) Address **1610 Hogan Street**

17. (a) **Burial** (b) Date thereof **March 28, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **General Funeral Home**  
(b) Address **2233 University Street**

19. (a) **MAR 26 1941** (b) **J. J. Szideck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **25**,  
year **1941** hour **4:25** minute **A.** M.

21. I hereby certify that I attended the deceased from **February 22**, 19**41** to **March 25**, 19**41**  
that I last saw him alive on **March 25**, 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature **J. J. Szideck** (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Address **1515 Lafayette Avenue** Date signed **3/25/41**

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

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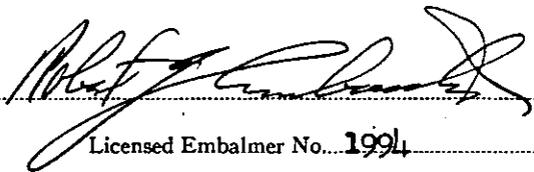
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 1994

P. O. Address Clayton, 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 this body is not embalmed, fact should be so stated above.**