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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33695

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8652

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. 3 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600/5
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 12/5
(d) Street No. 5012 S. 37th St.
(If rural, give location) 5
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Zupna Zupan
3. (b) If veteran, name war none (c) Social Security No. UNK.

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. About 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 59 Unknown hr. min.

9. Birthplace Croatia
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Matt Zupan
13. Birthplace Croatia
(City, town, or county) (State or foreign country)
14. Maiden name Barbara (Unknown)
15. Birthplace Croatia
(City, town, or county) (State or foreign country)

16. (a) Informant Bartol Ernjac
(b) Address 5012 S. 37th St.

17. (a) Burial (b) Date thereof Nov. 1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director M. C. Maydell

(b) Address OCT 31 1941 Allen Ave.

19. (a) _____ (b) J. J. Buech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29,
year 1941 hour 7:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 27, 19 41 to October 29, 19 41
that I last saw h. im. alive on October 29, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature M. M. Kail (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 10/30/41

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

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.....

P.O. Address.....

A. H. Janney
41490

1926 Allen A

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.