

FILED DEC 9 1943  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10396**

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3yr. 7mo. 5ds.  
(Specify whether years, months or days) 33 yrs. 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1112 Victor St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Francis Cepelka

3. (b) If veteran, name war No 3. (c) Social Security No. 0

4. Sex 0 male 5. Color or race white 6. (a) Single, widowed, married, divorced sgl. 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 8, 1910  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
33 3 18 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

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

12. Name Frank Cepelka

13. Birthplace Austria 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Schmolke

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant T. Singler

(b) Address 5400 Central

17. (a) Burial (b) Date thereof Nov 29 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 55 Olive and Pappe

18. (a) Signature of funeral director Steve Kuter & Son

(b) Address 2906 McManis Ave

19. (a) NOV 27 1943 (b) J. F. Bredon  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26  
year 1943 hour 5.45 minute P. M.

21. I hereby certify that I attended the deceased from Apr. 21st, 1940, to Nov. 26, 1943, 1943  
that I last saw him alive on Nov. 26, 1943, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial Hemorrhage  
Due to Brain Surgery.

Other conditions Diarrhea  
(Include pregnancy within 3 months of death) 0

Major findings: 0  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0  
23. Signature Walter H. Moore (M. D. or other) MD  
Address 5400 Central St Date signed 11/27/43

**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.....

.....  
working under my personal supervision.

....., Registered Apprentice No. ....

Signed.....

*David Van Fossen*

Licensed Embalmer No. *4242*

P. O. Address *2906 Beards*

**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.**