

FILED OCT 20 1944

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8664

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 0 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. 4243 Meremac Str.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anton Chaloupsky

3. (b) If veteran, name war No

3. (c) Social Security No. 497-01-307

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances | 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 8 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 10 day
year 1944 hour 12³⁰ minute A M.

21. I hereby certify that I attended the deceased from Oct - 1 - 44
1944 to Oct - 10 1944
that I last saw him alive on Oct. 9
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
embolism

Duration _____

Due to _____

Due to _____

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

8. AGE: Years 61 Months 7 Days 2 | If less than one day
hr. _____ min. _____

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

10. Usual occupation Press Feeder

11. Industry or business _____

MOTHER FATHER { 12. Name Anton Chaloupsky | 13. Birthplace Czechoslovakia
14. Maiden name Josephine Triska | 15. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Chaloupsky
(b) Address 4243 Meremac St.

17. (a) Cremation (b) Date thereof 10/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri

18. (a) Signature of funeral director Wm. E. Meydell
(b) Address 1926 Allen Ave.

19. (a) OCT 12 1944 (b) J. F. Breideck
(Date of death) (Registrar's signature)

Major findings: Carcinoma of Cecum

Of autopsy Done as above

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? _____

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

23. Signature J. F. Breideck (M. D. or other) _____
Address St. Louis Mo. Date signed 12/10/44

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 me

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

Signed John Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen

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.