

**FILED** JUL 26 1946  
318

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

Primary Registration District No. **1003**

Registrar's No. **6208**

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:  
Little Sisters of the Poor  
(If not in hospital, city, street, and room location)

(d) Length of stay: In hospital or institution 9 yrs.  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")

(d) Street No. 3400 So. Grand Blvd.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK BEZPALEC

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary

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

7. Birth date of deceased July 2 1868  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th  
year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 9 to July 13 1946  
that I last saw him alive on July 9 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 0 Days 11  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Carpenter

Immediate cause of death  
Arterio Sclerosis 2 yrs  
Myocardial Sclerosis 17 yr  
Coronary Sclerosis 3 mo

Other conditions (Include pregnancy within 3 months of death)  
None

Major findings:  
Of operations None  
Of autopsy None

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

MOTHER FATHER

12. Name Frank Bezpalec

13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know  
(City, town, or county) (State or foreign country)

15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Bernadine

(b) Address 3400 So. Grand Blvd.

17. (a) Burial (b) Date thereof 7/15/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Gebken-Benz Mort.

(b) Address 2842 Meramec St.

19. (a) JUL 15 1946 (b) J. J. Bruders  
(Date signed by Registrar) (Registrar's signature)

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) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature [Signature] M. D. or other \_\_\_\_\_  
Address 3400 So. Grand Blvd. Date signed 7/13

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

25045

**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 *Loren E. Gency*

Licensed Embalmer No. 4094

2842 Meramec St.

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 this body is not embalmed, fact should be so stated above.**