

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6719

FILED MAR 8 1954

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1003

State File No. 1984  
Registrar's No.

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.	State File No. 1984	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2019</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7119 EUGENE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)		e. STREET ADDRESS (If rural, give location)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>THERESA</u>		b. (Middle) <u>-</u>		c. (Last) <u>RIES</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JULY 18 1894</u>		9. AGE (in years last birthday) <u>59</u>		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 2 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>JOSEPH TRUPKA</u>		13b. MOTHER'S MAIDEN NAME <u>THeresa PAZDERNIK</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JULIAN RIES</u> ADDRESS <u>7119 EUGENE</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain aneurysm</u>		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Generalized</u>			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>as above</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>175x</u>	
22. I hereby certify that I attended the deceased from <u>May 1953</u> , to <u>1 March 1954</u> , that I last saw the deceased alive on <u>28 Feb</u> , 19 <u>53</u> , and that death occurred at <u>8:40 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Louis Trupka</u>		23b. ADDRESS <u>634 No Grand</u>		23c. DATE SIGNED <u>3/2/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 4, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER &amp; PAUL</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutie</u> ADDRESS <u>2906 Beavis</u>			
DATE REC'D BY LOCAL REG. <u>MAR 3 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *James E. Hill*

Licensed Embalmer No. *434*

P. O. Address *2906 E*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.