WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24273

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 6248H — Registered No. 187
City Richmond (Hts) Mo — St Mary's Hospital — St. — Ward)

2. FULL NAME Julia Kopec
(a) Residence No. 1016 N 3rd St. — Ward. East St Louis Ill
(Usual place of abode) East St. Louis — (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Kopec
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known
7. AGE about 41 — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

PARENTS
10. NAME OF FATHER Paul Panek
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Poland
12. MAIDEN NAME OF MOTHER Agatha Skrabacz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Poland

14. INFORMANT Joe Kopec
(Address) 1016 N 3rd St.
15. FILED 7/29, 1930 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1930
17. I HEREBY CERTIFY, That I attended deceased from July 22, 1930, to July 29, 1930, that I last saw her alive on July 29, 1930, and that death occurred, on the date stated above, at 12:30 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Submucous fibroid
54B
103B
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) hemorrhage
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 28, 1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) Marion Wachowski, M. D
July 29, 1930 (Address) 1824 Cass ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Adalberts — DATE OF BURIAL Aug 1 1930
20. UNDERTAKER Johnson Oyonoski — ADDRESS East St Louis Ill

Schwier

37 20 Washington