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

Do not use this space.

7852

File No. 2221
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis (No. Jewish Hosp. St. Ward)
Registration District No. 791
Primary Registration District No. 100087

2. FULL NAME Liharna Koropchenesky

(a) Residence. No. 5847 Theodosia St. 14 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Milton Koropchenesky

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unk

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	ob 42			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home 22 yr
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Uherson
(STATE OR COUNTRY) Russia

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) do
(STATE OR COUNTRY) do
12. MAIDEN NAME OF MOTHER do
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) do
(STATE OR COUNTRY) do

14. INFORMANT M. Koropchenesky Husb
(Address) 5847 Theodosia

15. FILED FEB 18 1931 Guy C. Farrier REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/17 1931

17. I HEREBY CERTIFY, That I attended deceased from 1/29, 1931, to 2/17, 1931, that I last saw h... alive on 2/17, 1931, and that death occurred, on the date stated above, at 10 43 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic myocarditis
I-1B
936 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) cirrhosis of liver
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1-4-B
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? yes.
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Julius Elson M. D.
2/17, 1931 (Address) Jewish Hospital.

*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 Beth Sam Hag — DATE OF BURIAL 2/19 1931
20. UNDERTAKER H. O. Berger 4715 — ADDRESS McPherson

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.

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