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.

12294

File No. 12294

Registered No. 3558

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1023

2. FULL NAME Lena Kopsky (KOPSKY)

(a) Residence. No. 6410 Hancock St. 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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 Michael Kopsky

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 17 - 1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	20	7	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework 1493 1944
(b) General nature of industry, business, or establishment in which employed (or employer) 2
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Charles Brandes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Rita Arnsmeyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Hospital Informat E Rowan
(Address) City Hospital

15. FILED MAR 23 1931 19 Max C Harkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 1931

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to March 21, 1931 that I last saw her alive on March 21, 1931, and that death occurred, on the date stated above, at 5:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage + Shock following forceps delivery of Post mature Child

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1493

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

2 DID AN OPERATION PRECEDE DEATH? Delivery DATE OF

WAS THERE AN AUTOPSY? No (1)

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Joseph T Maher, M. D.

3/22, 1931 (Address) City 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	DATE OF BURIAL
New Pickens Cemetery	Mar 24 1931

20. UNDERTAKER	ADDRESS
J M Gabler 2630 Gravois	

Safety