

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

Do not use this space.

2287

1. PLACE OF DEATH

County *St. Louis*
Township *Central*
City *Edmundson rd.*

Registration District No. *289*
Primary Registration District No. *6033A*

File No.
Registered No. *1K*
St. Ward)

2. FULL NAME

Denia Kopecky
(a) Residence No. *Edmundson rd.* St. 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 23, 1875*
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *56 1 21 22*
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Housewife 235*
(b) General nature of industry, business, or establishment in which employed (or employer) *At Home*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *St. Louis, Missouri*
(STATE OR COUNTRY)

10. NAME OF FATHER *Don't know*

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

12. MAIDEN NAME OF MOTHER *Don't know*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *?* (STATE OR COUNTRY) *Don't know*

14. INFORMANT *Mrs. Joseph Kopecky*
(Address) *Edmundson rd.*

15. FILED *1/15*, 19*32* *Wells Bracy M.D.* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan. 14th 1932*
17. I HEREBY CERTIFY, That I attended deceased from *Jan. 2nd 1932* to *Jan. 14th 1932*, and that that I last saw him alive on *Jan. 14th 1932*, and that death occurred, on the date stated above, at *10:20 a.m.*

THE CAUSE OF DEATH WAS AS FOLLOWS:
Carcinoma of Breast,
Multiple Arthritis
CONTRIBUTORY (SECONDARY)
(duration) yrs. *9* mos. *12* ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH...
DID AN OPERATION PRECEDE DEATH... *No.* DATE OF...
WAS THERE AN AUTOPSY? *No.*
WHAT TEST CONFIRMED DIAGNOSIS... *General Signs*
(Signed) *H. S. Gohman*, M. D.
1/15, 1932 (Address) *Pattonville, Mo*

*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 *Free Free Cemetery* DATE OF BURIAL *Jan 18 1932*
20. UNDERTAKER *Geo. L. Pleitshorne* ADDRESS *5966 Easton*

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.

FEB 25 1932

