

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

Do not use this space.

18203

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township St. Louis Primary Registration District No. 1073 File No. _____
 City St. Louis (No. Cincinnati City Hosp) Registered No. 5182 Ward _____

2. FULL NAME

ANNA KOCHANSKY
 (a) Residence, No. 1834 MULLAMPHY St. 26 Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GEORGE KOCHANSKI
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
 7. AGE 58 YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 27 1932
 22. I HEREBY CERTIFY, That I attended deceased from No Physician, 1932, to Attendant, 1932.
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 5:10 P. m.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

The principal cause of death and related causes of importance were as follows:
Asphyxiation Date of onset _____
Strangulation due to hanging by Rope

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLAND 50
 13. NAME UNKNOWN 8
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 51

Other contributory causes of importance:
165 / 165 7 8
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

MOTHER 15. MAIDEN NAME UNKNOWN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury 5/27, 1932
 Where did injury occur? at home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. at home
 Manner of injury hanging by rope
 Nature of injury strangulation

17. INFORMANT JOHN KOCHANSKI
 (ADDRESS) 1834 MULLAMPHY
 18. BURIAL, CREMATION, OR REMOVAL PLACE Old S.S. Relax DATE May 31 1932
 19. UNDERTAKER Central Undertaking Co.
 (ADDRESS) 1846 Cass Ave

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) J. W. Ferner, M.D.
 Address Dep. Comm

20. FILED MAY 30 1932 May 6 Starkoff Registrar

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.

