SEP 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 333 — File No. 26237

Township Ferguson Town — Primary Registration District No. 4468 — Registered No. 165

City Kinloch, Mo. (No. ..., Irvington Ave. St. ... Ward)

2. FULL NAME William Kropacek

(a) Residence, No. Irvington Ave. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode) Kinloch, Mo.

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Theresa Kropacek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 28th 1861

7. AGE: YEARS 72 — MONTHS 9 — DAYS 3 — If LESS than 1 day, ... hrs. or ... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Bohemia

FATHER
13. NAME: Wm Kropacek
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Bohemia

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Bohemia

17. INFORMANT (ADDRESS): Anna Doyle 3047 No. Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: Aug 2, 1934

19. UNDERTAKER (ADDRESS): L. B. Tanner 6107 Nat Bridge Rd

20. FILED: Aug 1, 1934 W. A. Zeitler, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/31/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6:55 am

The principal cause of death and related causes of importance were as follows:

Suicide:
Body was found on the floor with a rope about the neck, dead. Right indirect, complete inguinal hernia. Left indirect, incomplete inguinal hernia.

Date of onset

Other contributory causes of importance:
Suicide, by hanging.

Name of operation ... Date of ...

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury ..., 19...
Where did injury occur? Irvington Ave. Kinloch, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home.
Manner of injury: hung by rope
Nature of injury: suicide.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ... 7/31/34
(Signed) Luke B. Tanner, M.D.
(Address) 3718 Jennings Rd.
Corony St Louis, Co., Mo.

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.