

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Form 1 X-351

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23284

625 150

791

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 5729

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Missouri-Pacific Hosp  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 wks  
(Specify whether)  
 In this community 50 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 24  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2926 Salema St  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. 50 years

3. (a) PRINT FULL NAME HARRY KOPCHAK (Kopsky)

8. (b) If veteran, name war no 8. (c) Social Security No. 702-09-0739

4. Sex male 5. Color or race W 6. (a) Single, widowed, divorced, Married

6. (b) Name of husband or wife Anna Kopcha 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec. 4, 1875  
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Austria Europe  
(City, town, or county) (State or foreign country)

10. Usual occupation Black Smith

11. Industry or business \_\_\_\_\_

12. Name Matthew Kusschan

18. Birthplace Unknown Aust. vic  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Austria  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ann, Kopcha

(b) Address 2926 Salema

17. (a) Burial (b) Date thereof 7/2/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Paul Cem

18. (a) Signature of funeral director Charles Lind Co

(b) Address 1716 S. Jefferson

19. (a) JUL 5 1940 (b) Registrar's signature J. B. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd  
 39 year 1940 hour 8 minute 25 P. M.

21. I hereby certify that I attended the deceased from 2-11 1940, to 2-13 1940, that I last saw him live on 2-9 3 6<sup>PM</sup> 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus + stomach - starvation

Due to primary site at the esophageal  
 Due to surface of stomach  
 Other conditions Ho  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma stomach at esophageal surface  
 Of autopsy \_\_\_\_\_

Duration
<u>7</u>
<u>1</u>

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. H. Donnelly (M. D. or other) \_\_\_\_\_  
 Address Missouri Pacific Hospital Date signed 7-4-40

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1591

P. O. Address 4106<sup>e</sup> Botane

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**