

MAY 11 1943 / 62  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5595

State File No. \_\_\_\_\_  
Registrar's No. 13

1. PLACE OF DEATH:  
(a) County Jefferson County  
(b) City or town House Springs Rural Road  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Sproch Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 15 years years, months or days

2. USUAL RESIDENCE OF DECEASED: 50  
(a) State Mo (b) County Jefferson 0  
(c) City or town House Springs 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. Sproch Rd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Jirsa

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife John Jirsa 6. (c) Age of husband or wife if alive Dec. years  
7. Birth date of deceased Sept 19 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	5	23	_____ hr. _____ min.

9. Birthplace Czecho-Slovakia 6  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Frank Kopenec  
13. Birthplace Czecho-Slovakia 6  
(City, town, or county) (State or foreign country)  
14. Maiden name Rose Zahrada  
15. Birthplace Czecho-Sloviaka 6  
(City, town, or county) (State or foreign country)

16. (a) Informant George Jirsa  
(b) Address House Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-43  
(Month) (Day) (Year)  
(c) Place: burial or cremation St. John's Chrch Cem

18. (a) Signature of funeral director Louis H. Bopp Inc.  
(b) Address Kirkwood, Mo.

19. (a) 3/16/43 (b) C. Clement  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 p  
year 1943 hour \_\_\_\_\_ minute 10:30 M.

21. I hereby certify that I attended the deceased from Mar. 3  
1943 to Mar. 14 1943  
that I last saw her alive on Mar. 14 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia ✓  
Duration 10 days

Due to Obesity

Due to \_\_\_\_\_

Other conditions Acute Pancreatitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Frank J. Huet (M. D. or other) Med  
Address Stenton Mo Date signed 3/15/43

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

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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.....

P. O. Address.....

**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, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14617  
Registrar's No. 13

Registration District No. 162

Primary Registration District No. 5595

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

1. PLACE OF DEATH:  
(a) County Jefferson  
(b) City or town Rural  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 15 yr. years, months or days

3. (a) PRINT FULL NAME Elizabeth Girska  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 19 (Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 23 If less than one day \_\_\_\_\_ min.

9. Birthplace Bzoch. Slovakia (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jefferson  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

20. DATE OF DEATH: Month mar day 14 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Obesity  
Due to Obesity  
Due to \_\_\_\_\_  
Other conditions acute Peritonitis (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_  
23. Signature Frank Huck (M. D. or other) \_\_\_\_\_  
Address Clinton, Mo Date signed 5-29-43

SUPPLEMENTARY

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

S-14617