

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 12 1956

State File No. **42921**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **2981**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood 4713</b>	
c. LENGTH OF STAY (in this place) <b>5 years</b>		d. STREET ADDRESS (If rural, give location) <b>805 S. Geyer Rd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>805 S. Geyer Rd.,</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LIDIA</b>	b. (Middle)	c. (Last) <b>NEPOTA</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 19, 1955</b>
--	-------------	-------------------------	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 5, 1902</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>14</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
----------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At home.</b>	11. BIRTHPLACE (State or foreign country) <b>Ukraine</b>	12. CITIZEN OF WHAT COUNTRY? <b>Ukraine</b>
--	---	--	---

13a. FATHER'S NAME <b>Andrew Popiev</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Vladmir Nepota</b>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Vladmir Nepota</b> ADDRESS <b>805 S. Geyer Rd. Kirkwood</b>
--	-------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>GENERALIZED METASTASES</b>		<b>4 YRS.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CARCINOMA OF BREAST</b> DUE TO (c)		<b>12 YRS.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Rt. MAMMECTOMY 12 YRS AGO</b>			

19a. DATE OF OPERATION <b>170X</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **1951**, to **DEC 19, 1955**, that I last saw the deceased alive on **Dec 16, 1955**, and that death occurred at **3:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Herbert C. Sweet</b>	23b. ADDRESS <b>M.D. 508 N. GRAND ST. LOUIS MO</b>	23c. DATE SIGNED <b>12-20-55</b>
--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/21/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Mo.</b>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <b>12-21-55</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombard</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Bopp Inc.</b> ADDRESS <b>Kirkwood</b>
--	---	--

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

0.300  
0.48

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Felix Durand*

Licensed Embalmer No. *3034*

P. O. Address. *Kirkwood 92 70*

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.