

FILED AUG 24 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 28695

6578

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) ST. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN ST. Louis		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marian Hospital				e. STREET ADDRESS (If rural, give location) 16 3748 Potomac ST.			
3. NAME OF DECEASED (Type or Print)		a. (First) BERNICE		b. (Middle) Ruth		c. (Last) Kopetzky	
4. DATE OF DEATH		(Month) July		(Day) 13		(Year) 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 13, 1913	
9. AGE (In years) last birthday 43		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office work		10b. KIND OF BUSINESS OR INDUSTRY Laclede-Christy		11. BIRTHPLACE (City and State or Foreign Country) ST. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Paul Kidd		13b. MOTHER'S MAIDEN NAME Mary Graeninger		14. NAME OF HUSBAND OR WIFE Charles Kopetzky	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Charles Kopetzky			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis				INTERVAL BETWEEN ONSET AND DEATH 3 months	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of breast				1 year	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X					
19a. DATE OF OPERATION 1955		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of breast				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)		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 7-8, 1956, to 7-13, 1956, that I last saw the deceased alive on 7-13, 1956, and that death occurred at 4:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE O. Jones				23b. ADDRESS M. D. 3616 S. Bolwy, St Louis		23c. DATE SIGNED 7-13-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Remove		24b. DATE July 16, 1956		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) ST. Louis, Co., Mo.	
DATE REC'D BY LOCAL REG. JUL 14 1956		REGISTRAR'S SIGNATURE J. Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Will B. L. U.C. 2929 So. Jefferson Ave.			

S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Frank Protop* .....  
Licensed Embalmer No. *435* .....  
P. O. Address *St. Louis Mo* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.