DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19922

Registration District No. FILED JUN 19 1944 318

Primary Registration District No. 1003

Registrar's No. 5110

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:
2310a Menard Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23 17 9

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2310a Menard Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Anna Koptis

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 2

6. (b) Name of husband or wife Joseph

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased September (Month) 11 (Day) 1871 (Year)

8. AGE: Years 72 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Czechoslovakia 6
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name ? Peters 1
13. Birthplace Czechoslovakia 6
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Koptis

(b) Address 2310a Menard St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/5/44 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wm C. Maydell

(b) Address 1926 Allen Ave.

19. (a) JUN 4 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1938, 19__, to June 2, 1944;
that I last saw her alive on June 1, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	10 yrs
Due to: cardio-vascular renal syndrome	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None

Of autopsy None

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) no

(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 [signature] 0 (M. D. or other)

Address 3804 Wilmington Ave Date signed 6-3-44

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(Licensed Embalmer's Statement on Reverse Side)

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

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen av

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

If this body is not embalmed, fact should be so stated above.