MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29009

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 3626a Palm St St. ..... Ward)

File No. .....

Registered No. 8592

2. FULL NAME Martha Copeland

(a) Residence. No. 3626a Palm St., 10 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9. 1861

7. AGE: Years 66 Months 2 Days 16 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework 98C
(b) General nature of industry, business, or establishment in which employed (or employer): 107A
(c) Name of employer: 156B

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Carl Heinemann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): "

14. INFORMANT: Miss Anna Copeland
(Address) 3626a Palm St

15. FILED SEP 27 1927, 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1927, to Sept 25, 1927 that I last saw her alive on Sept 23, 1927, and that death occurred, on the date stated above, at 1:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchi Pneumonia
151B
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Amputation of Leg for Senile Gangrene (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
2 DID AN OPERATION PRECEDE DEATH? DATE OF Aug 25 1927
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A N Coughlin, M.D
Sept 26, 1927 (Address) 346 N Boyle

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvery
DATE OF BURIAL: Sept 28 1927

20. UNDERTAKER: Mullen Und Co
ADDRESS: 5165 Delmar Bl.

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.

...ADING INK—THIS IS A PERMANENT RECORD