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

Do not use this space.

4821

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 5418 Cabanne Ave. ..... St. ..... Ward)

File No. .....

Registered No. 1514

2. FULL NAME William S. Pope

(a) Residence. No. 5418 Cabanne Ave. 5 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Holly Pope

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 27th - 1873

7. AGE: Years 55 | Months 1 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Insurance Man
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: William S. Pope
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Hopkinsville
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Caroline E. Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): San Antonio
(STATE OR COUNTRY): Texas.

14. INFORMANT: Mrs George MacBean
(Address): Chicago Ills

15. FILED ..... 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): January 30 1929

17. I HEREBY CERTIFY, That I attended deceased from January 28th, 1929, to January 30, 1929, that I last saw him alive on January 30, 1929, and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 92

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. J. Brungh, M. D

Jany. 31, 1929 (Address) 53 Aberdeen Pl.

*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: Bellefontaine

DATE OF BURIAL: Feb 1st 1929

20. UNDERTAKER: Wagoner.

ADDRESS: 3621 Olive

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. J. Burleigh