

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

Do not use this space.

14128

1. PLACE OF DEATH

County..... Registration District No. **301**
Township..... Primary Registration District No. **1005**
City **St. Louis** (No. **4048**, Page **1005**)

File No.
Registered No. **3459**
St. Ward

2. FULL NAME

Catherine Coppinger
(a) Residence, No. **4048 Page** St. **11** 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 **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Coppinger**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 1 1863**

7. AGE YEARS **69** MONTHS **0** DAYS **5** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at Home**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **235**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

MOTHER FATHER 13. NAME **unknown Cain**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland 15**

15. MAIDEN NAME **unknown Stevens**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown 11**

17. INFORMANT **Mrs Catherine Woods** (ADDRESS) **4048 Page ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **April 9th 1932**

19. UNDERTAKER **Arthur J. Donnelly and Co.** (ADDRESS) **2039 North St.**

20. FILED **1932** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 6**, 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **March 25**, 19**32**, to **April 6**, 19**32**

I last saw her alive on **April 6**, 19**32**. Death is said to have occurred on the date stated above, at **10:05 A.M.**

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis
121
1323 131
Other contributory causes of importance: **uracemia** **1**
Date of onset **1936**
4/2/32

Name of operation **None** Date of
What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **Aspirin**
(Signed) **Aspirin** M. D.
(Address) **3115 S Grand St**

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.

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