

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

Do not use this space.

14810

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1018
City St. Louis (No. City Hospital 2)

File No.....
Registered No. 4208
St. Ward)

2. FULL NAME

(a) Residence, No. 2630 Walnut St., 22 Ward.

(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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-6-1900
7. AGE YEARS 32 MONTHS 2 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
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) Ark
13. NAME Wiley Cople
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT A Gertrude C. Cople
(ADDRESS) City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL Washburn PLACE Washington DATE 4-27 1932

19. UNDERTAKER Walter Richter
(ADDRESS) 350 Rutgers St

20. FILED 30 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26, 1932
22. I HEREBY CERTIFY, That I attended deceased from 4-23, 1932, to 4-26, 1932
I last saw h. im alive on 4-26, 1932 Death is said to have occurred on the date stated above, at 1:15 pm.

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

Generalized Peritonitis 6 days
Ruptured Appendix 10 days
Name of operation Appendectomy Date of 4-23-32
What test confirmed diagnosis Autopsy 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?
If so, specify Henry C. Staunton, M. D.
(Signed) City Hospital 2
(Address)

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

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.

