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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 21698

Township ..... Primary Registration District No. 1003 Registered No. 5498

City ..... (No. Deaconess Hosp. ..... St. ..... Ward)

2. FULL NAME Henry Charles Pope

(a) Residence, No. 4940 Devonshire Ave. St., 15 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: 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: Christena Pope

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch. 9th. 1873

7. AGE: YEARS 60 | MONTHS 3 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Oil salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: St. Clair Oil Co.
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): St. Louis Mo.

FATHER

13. NAME: Chas. F. Pope
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Charlotte Waterman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Christena Pope, 4940 Devonshire Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sunset Burial DATE: June 26th 1933

19. UNDERTAKER (ADDRESS): Wm Schumacher, 3013 Meramec St.

20. FILED: JUN 24 1933 19 J. F. Bredeck, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 23rd. 1933

22. I HEREBY CERTIFY That I attended deceased from June 5, 1933, to June 22, 1933

I last saw him alive on June 22, 1933. Death is said to have occurred on the date stated above, at 7/15 am m.

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

	Date of onset
59	
Pulmonary Thrombosis	June 22
111A	
152B	

59

Other contributory causes of importance:
Diabetes Mellitus
Cellulitis Rt. leg
0

Name of operation: none Date of .....

What test confirmed diagnosis? ..... 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 .....

(Signed) C. A. Vorburgh, M. D.

(Address) 832 Metropolitan Bldg.

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