

APR 9 1937

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.

10843

Township

Primary Registration District No.

1003

Registered No.

3417

City St. Louis

(No. City Hospital No.)

St. Ward)

B. 17885

Leo Cope

2. FULL NAME

(a) Residence, No. 2856 St. Vincent 23 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) Single
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6th 1935

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
1		5	21	

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

nil

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

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, Missouri

13. NAME Rufus Cope

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

15. MAIDEN NAME Alma Jordan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Hosp. Info. M.H. Kent City Hospital No. 1

18. BURIAL PLACE (ADDRESS) DATE Mar. 30, 1937

19. UNDERTAKER (ADDRESS) A. T. McLaughlin 2301 Lafayette Avenue

20. FILED MAR 29 1937 J. B. Sedwick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27/37

22. I HEREBY CERTIFY that I attended deceased from 3/16/37 to 3/27/37

I last saw him alive on 3/27/37, 1937. Death is said

to have occurred on the date stated above, at 10 p. m.

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

Date of onset

Encephalitis Epidemica
Post Influenza

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1937.

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

(Signed) B. I. Church, M. D.

(Address) City Hospital No. 1

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.

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