REC'D OCT 6 1938

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

33294
Do not use this space.

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.

7 1938

1. PLACE OF DEATH
(a) County St. Louis
(b) Township
(c) City Pine Lawn, Mo.
Registration District No. 784
Primary Registration District No. 20
Registered No. 1168
(d) Street No. 3718 Jennings Road Tiernon's Shop St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Copeland 145
(a) Residence, No. 1453 Cockrell Ave., St. Wellston, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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: Rose Copeland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 6, 1882
7. AGE: Years 55 | Months 7 | Days 30 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Grocery clerk
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): Missouri

FATHER
13. NAME: John Copeland Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Minerva Jane Phillips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Rose Copeland, 1453 Cockrell Ave.,
18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Cem., DATE: Sept. 8/38.
19. FUNERAL DIRECTOR (ADDRESS): Jos. W. Clark, 1125 Hodiamont Ave.,
20. FILED SEP 7 1938 [illegible] Local Registrar.

(License Embalmer's Statement on Reverse Side)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 5, 1938.
22. I HEREBY CERTIFY, That I attended deceased from 3/20/35, 19..., to 9/5/38, 19...
I last saw him alive on 9/5/38, 19... Death is said to have occurred on the date stated above, at 3.50 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. pulmonary tuberculosis bilateral fibrinous type. | 4 yrs |
| Other contributory causes of importance: Myocarditis, Interstitial nephritis, General tubercular toxemia, Inanition. | 6 mo. |

Name of operation None. Date of --
What test confirmed diagnosis? History, clinical & Lab. 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) Robert B. Tiernon M.D.
(Address) 3718 Jennings Rd. St. Louis Mo.

MAY 1 2 1950

## STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Jas. W. Clark.

Licensed Embalmer No. I66I.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**