34529

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9067

Registration District No. 791 1002 Primary Registration District No. Registrar's No.

REC'D NOV 13 1939

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify, whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 11

(d) Street No. 4273 Cote Brilliante (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Grandison Pope 100

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Pope

6. (c) Age of husband or wife if alive About 82 years

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE: Years About 83 | Months | Days | If less than one day hr. min.

9. Birthplace Columbia Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Not Known

FATHER
12. Name
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louise Pope

(b) Address 1031 Eureka Place

17. (a) Greenwood (Burial, cremation, or removal) (b) Date thereof Oct 25 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. L. Beal Und. Co.

(b) Address 2726 Lucas Ave.

19. (a) OCT 25 1939 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 21 year 1939 hour 3:10 minute A. M.

21. I hereby certify that I attended the deceased from 10-18- 1939 to 10-21- 1939 that I last saw him alive on 10-21- 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senility	10-15 yrs
Arteriosclerosis (Generalized)	
Due to	
Due to	10-12 mos
Prob. Esophageal Obstruction (Malignant)	?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Noflesh (M. D. or other)

Address 2601 N. Whittier St. Date signed 10-23-39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39 Rev. 5-17-39 1 X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Bridie Beal Anderson

Licensed Embalmer No. 2929

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.