

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 4195Registration District No. 791Primary Registration District No. 1003Registrar's No. 1025

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Months 12 Days
 (Specify whether
 In this community 60 years
 years, months or days)

8. (a) PRINT FULL NAME Frank Pope3. (b) If veteran, name war _____ 8. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Catherine Deceased (c) Age of husband or wife if alive _____ years7. Birth date of deceased Nov. 25, 1868
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 2 5 hr. min.9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Park Watchman (City)11. Industry or business None12. Name Conrad Pope
13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Don't Know
15. Birthplace " "
(City, town, or county) (State or foreign country)16. (a) Informant Joseph B. Pope
(b) Address 1802 Benton St.17. (a) Burial (b) Date thereof 2 2 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Brookland, Ltd. Co(b) Address 1827 1/2 Hogan St.19. (a) FEB 1 1940 (b) J. J. [Signature]
(Date registered in registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 20
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1802 Benton Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? No. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30,
year 1940 hour 11:45 minute A. M.21. I hereby certify that I attended the deceased from October
18, 1939 to January 30, 1940;that I last saw him alive on January 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis
Cellulitis of Foot
Osteomyelitis of Foot
Diabetic Mellitus
Arteriosclerotic Ulcer
Gastric Ulcer
Diverticulum of Duodenum

Duration

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature J. J. Kennedy M.D. (M. D. or other)
Address 1515 Lafayette Date signed 1/30/40

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..... *Albert G. Hopper*.....

Licensed Embalmer No.....

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.