

No. 2
1-10-39
17-39
X2145

MAY 15 1940 91

1003

State File No. _____

Registrar's No. **3369**

Registration District No. _____

Primary Registration District No. _____

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:
4659 Magnolia Ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4659 Magnolia Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME George A. Cope 100

3. (b) If veteran, name war None 3. (c) Social Security No. 489-01-5298

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Louise Cope 8. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 8th 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 3 _____ hr. _____ min.

9. Birthplace Sedalia Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Vice President

11. Industry or business Cupples Co.

MOTHER FATHER { 12. Name Andrew J. Cope
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Ramsay
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Cope
(b) Address 4659 Magnolia Ave.

17. (a) Burial (b) Date thereof 4-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) APR 13 1940 (b) _____
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th
year 1940 hour 7:50 minute P.M. M.

21. I hereby certify that I attended the deceased from March 5
1940 to April 11, 1940;
that I last saw him alive on April 10, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary disease
Duration _____

Due to _____
Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 Drew Ruten (M. D. or other) _____
Address St Louis Mo Date signed 4-12-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Drew Luten
Beaumont Bldg. 3:30-5:30
Je:7964

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

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.