

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

34249

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

8946

1. PLACE OF DEATH:

(a) County _____
 (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:
St. Louis City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Mo. 7 Days
 (Specify whether years, months or days) 1 Mo. 7 Days

3. (a) PRINT FULL NAME Baby Copling8. (b) If veteran, name was No3. (c) Social Security No. Unknown4. Sex Male5. Color or race White6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife Single6. (c) Age of husband or wife if alive Single years7. Birth date of deceased August 28, 1940
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
1 7 hr. min.9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Nil.11. Industry or business Nil.12. Name George Copling13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Mary Johnson15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Ann Morrison(b) Address City Hospital #117. (a) Burial (b) Date thereof 10-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation City Cemetery18. (a) Signature of funeral director L. W. White(b) Address City Hospital #119. (a) OCT 30 1940 (b) J. E. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2605 South Seventh St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? X years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5,
year 1940 hour 10:30 minute A. M.21. I hereby certify that I attended the deceased from August 28, 1940 to October 5, 1940;
that I last saw him alive on October 5, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Encephalocoele with Meningitis
Due to non epidemicDue to _____
Other conditions 1578
(Include pregnancy within 3 months of death)Major findings:
Of operations _____
Of autopsy _____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. E. Predeck (Date of death) 10/8/40
Address 1515 Lafayette Ave., Date 10/8/40

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.....

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.