

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Crescent
(If outside city or town limits, write "RURAL")

(d) Street No. Box #6 Crescent Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles W Copley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Cathrine Copley

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased November 27 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82	0	28	_____ hr. _____ min.
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9. Birthplace Brighton Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business _____

12. Name Milton Copley

13. Birthplace Ill
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Allington

15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Charles M. Copley

(b) Address 2712 Waverly Dr Brentwood

17. (a) Burial (b) Date thereof 12-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Louis H. Hoffmann

(b) Address 138 Argonne Dr Kirkwood Mo.

19. (a) DEC 28 1940 (b) R. K. Meyers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th
year 1940 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from October 14th 1939, 1939, to December 20th 1940, 1940
that I last saw him alive on December 21st 1940, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Duration	<u>2 weeks</u>
Due to <u>Valvular disease of heart</u>	<u>2 years</u>

Other conditions 90
(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 Henry J. Anderson (M. D. or other) _____

Address 125 E Adams Kirkwood Date signed Dec 28

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

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 _____

Louis H Bopp, Registered Apprentice No. _____
working under my personal supervision.

Signed Louis H Bopp
Licensed Embalmer No. 921
P. O. Address Britwood

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.