

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8413**

FILED APR 20 1942 **791**

Registration District No. _____ Primary Registration District No. **1002** Registrar's No. **3278**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: **BARNES HOSPITAL**
(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 **Missouri** (b) County _____

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

(d) Street No. **4951 Paige**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Robert Eaton Copeland**

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **unknown**

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Alma** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **Oct 6 1870**
(Month) (Day) (Year)

8. AGE: Years **71** Months **6** Days **5** If less than one day hr. _____ min. _____

9. Birthplace **Halboken N. J.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Photographer**

11. Industry or business _____

MOTHER FATHER

12. Name **Robert Copeland**

13. Birthplace **Halboken N. J.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Emmaline**

15. Birthplace **Alma Eaton N. J.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alma Copeland**

(b) Address **4951 Paige**

17. (a) **Removal** (b) Date thereof **4/13/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cape Girardeau, Mo**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington**

19. (a) **APR 12 1942** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **10** year **1942** hour **11:00** minute **P** M.

21. I hereby certify that I attended the deceased from **April 9** to **April 10**, 19**42**
that I last saw him alive on **April 10**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumococcus Meningitis**

Due to _____

Due to _____

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

Major findings: **acute Endocarditis**
Of operations _____
Of autopsy **Pneumococcus Meningitis and Endocarditis**

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? _____ (a) Means of injury _____

23. Signature **J. F. Bradley** (M. D. qualified) _____
Address **BARNES HOSPITAL** Date signed _____

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

17
19

Vertical handwritten notes on the left margin.

009
6 17
9

0

Duration

PHYSICIAN

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

James G. Sullivan

Licensed Embalmer No. *1122*

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, fact should be so stated above.