

FILED APR 8 1942

Registration District No. 791

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 days  
(Specify whether  
In this community 40 years  
years, months or days)

3. (a) PRINT FULL NAME Ruebin Pope

3. (b) If veteran, name war none  
3. (c) Social Security No. ?

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

6. (b) Name of husband or wife Carrie Pope  
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 12th, 1866.  
(Month) (Day) (Year)

8. AGE: Years 76 Months 2nd Days 21  
If less than one day hr. min.

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

10. Usual occupation Retired laborer, Common laborer,

11. Industry or business

12. Name John Pope, Tenn.  
(City, town, or county) (State or foreign country)

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

14. Maiden name Parthena Wilkins,  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Carrie Pope

(b) Address 2943 Easton, Ave,

17. (a) Burial. (b) Date thereof 3-13-42.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery,

18. (a) Signature of funeral director Robert Smith

(b) Address 2812 Thomas, St, St Louis, Mo.

19. (a) MAR 12 1942 J. B. Bredich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri  
(a) State Missouri (b) County 21  
(c) City or town St. Louis, 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2943 Easton, Ave.  
(If rural, give location)  
(e) Citizen of foreign country? ? (Yes or No)  
If yes, name country ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7,  
year 1942 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from February 20,  
1942 to March 7, 1942.  
that I last saw him alive on March 7, 1942.  
and that death occurred on the date and hour stated above.

Immediate cause of death Prob. Broncho-genic Cancer  
Duration Unk.

Due to.....

Due to.....

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

Major findings: AT  
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. W. Johnson (M. D. or other) ?

Address 2601 S. Whittier Date signed 3/10/42

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

0  
7  
9

**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.....

.....*myself*.....  
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....*[Signature]*.....

Licensed Embalmer No. *24617*

P. O. Address *2812, The Manor*

**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.**