

Registration District No. 791

Primary Registration District No. 1003

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

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:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community 22 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1446 O'Fallon  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Della Cope

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

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife JOHN COPE 6. (c) Age of husband or wife if alive 60  
7. Birth date of deceased Jan 10, 1886  
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 11 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name John Williams  
13. Birthplace Mo, O  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Mo O  
(City, town, or county) (State or foreign country)

16. (a) Informant John Cope

(b) Address 1446 O'Fallon St

17. (a) Burial (b) Date thereof June 26-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney Ave

19. (a) JUN 26 1942 (b) J. E. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21, year 1942 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from June 17, 1942 to June 21, 1942 that I last saw her alive on June 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast with generalized metastases Duration Unknown

Due to.....  
Due to..... 50

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 3

23. Signature Wells E. G. Jordan (M. D. or other)  
Address 2601 N. Whittier Date signed 6-22-42

**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

*Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney*

**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.**