

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

4068

FILED MAR 2 1943

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, MO.

Registration District No. 318
Primary Registration District No. 1003

File No. 1625
Registered No. 177 Ward 7

2. FULL NAME Mary Cropper

(a) Residence, No. 5908 Michigan St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. 6 hrs. 30 min. long in U. S., if of foreign birth? yrs. mos. 1 yrs.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-15-1943</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.
	<u>2</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>
	13. NAME <u>Carl Cropper</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Manchester, Ohio</u>
	15. MAIDEN NAME <u>Willie Bolds</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Graves Co, Kentucky</u>
	17. INFORMANT (ADDRESS) <u>St. Johns Hospital By. Cecelia Ritzsch</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old S. S. Peter Paul</u> DATE <u>2/19/43</u>	
19. UNDERTAKER (ADDRESS) <u>John S. Zegenhine & Sons, 7027 Gravois ave</u>	
20. FILED <u>FEB 18 1943</u> <u>J. P. Bedeck</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17, 1943

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1943, to 2-17, 1943

I last saw h. l. a. alive on 2-17, 1943. Death is said to have occurred on the date stated above, at 10:25 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

Congenital Atelectasis

Other contributory causes of importance: Pterius Gravis Hematomum

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) Joseph A. Hardy, Jr. M. D.
 (Address) 4552 Wayland

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

