

Registration District No. 17

Primary Registration District No. 3070

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
722 Atlanta Av.
(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 Mo. (b) County St. Louis

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

(d) Street No. 722 Atlanta Av.
(If rural, give location)

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

3. (a) PRINT FULL NAME Elmer J. Copley

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1943 hour 9 minute 30 A. M.

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased December 22nd 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1, 1941 to Apr. 20, 1943
that I last saw him alive on Apr 18, 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>3</u>	<u>28</u>	_____ hr. _____ min.

Immediate cause of death _____

Carcinoma of Prostate 3 yrs

Due to _____

Due to _____

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

10. Usual occupation Retired stationary Engineer

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER {

12. Name John S. Copley

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

14. Maiden name Lucy Holt

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Edith Copley, daughter

(b) Address 722 Atlanta, Webster Groves

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof April 23, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Ceme. Edwardsville, Ill.

18. (a) Signature of funeral director Wm. B. ...

(b) Address 2929 S. Jefferson Av.

19. APR 21 1943 (Date received local registrar)

(b) Wm. ... (Registrar's signature)

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 Oliver ... (M. D. or other) 209

Address Webster Groves Mo. Date signed 4-20-43

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.....

Licensed Embalmer No.....

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.