

FILED JUN 4 1943 318

Registration District No. _____

Primary Registration District No. 1303

4720

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4325 Cozens Street, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 years
years, month or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis, 17
(If outside city or town limits, write "RURAL") 911
(d) Street No. 4325 Cozens Street 5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hattie Copeland

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

6. (b) Name of husband or wife Horace Copeland 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased December 18, 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>4</u>	<u>29</u>	_____ hr. _____ min.

9. Birthplace Fort Smith, Arkansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jeff Stroud

13. Birthplace Fort Smith, Arkansas /
(City, town, or county) (State or foreign country)

14. Maiden name Mary Steers

15. Birthplace Dallas Texas /
(City, town, or county) (State or foreign country)

16. (a) Informant Horace Copeland
(b) Address 4325 Cozens Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/1943
(Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) MAY 21 1943 (Date received local registrar) (b) J. J. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17,
year 1943 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 12
1943, to May 14, 1943
that I last saw h. or alive on May 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular Peritonitis
Duration 6

Due to _____

Due to 108

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

Major findings: 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? Yes (Specify type of place) Means of injury _____

23. Signature Chas E. Burns (M. D. or other) _____

Address 4322a Easton Avenue Date signed _____

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

Handwritten scribbles

Handwritten notes:
21 1000
PI 1000
21 1000

Handwritten notes:
21 1000

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.....

Wm C. McDowell

Registered Apprentice No.

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 1711 North Taylor Avenue

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.