

FILED NOV 29 1943

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Marion Girther Copeland
3. (b) If veteran, name war no **3. (c) Social Security No.** 496 22 5926

4. Sex 0 male **5. Color of race** White **6. (a) Single, widowed, married, divorced** married
6. (b) Name of husband or wife Roberta Adelina Copeland **6. (c) Age of husband or wife if alive** 49 years
7. Birth date of deceased July 13 1891
(Month) (Day) (Year)

8. AGE:
Years 52 Months 4 Days I If less than one day hr. min.

9. Birthplace Pulaski Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Ice Cream Maker

MOTHER FATHER
11. Industry or business William Copeland
12. Name Unknown
13. Birthplace Foura & Bowery (State or foreign country)
14. Maiden name Unknown
15. Birthplace Clarence Copeland (City, town, or county) (State or foreign country)

16. (a) Informant 3937 Kennerly Ave.
(b) Address

17. (a) (Burial, cremation, or removal) Burial **(b) Date thereof** Nov. 18 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Litchfield Illinois

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave.

19. (a) NOV 15 1943 **(b) J.F. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis 119
(If outside city or town limits, write "RURAL")
(d) Street No. 3958 c. Kennerly Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH Month NOV. day 14
year 1943 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov 13 1943 to Nov 14 1943
that I last saw him alive on Nov 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous Leukemia **Duration** 8 mo.

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

Major findings: _____
Of operations _____
Of autopsy Myelogenous Leukemia
PHYSICIAN _____
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? _____

23. Signature Harold C. McCombe (M. D. or other) MD
Address 5525 Delmar **Date signed** 11-16-43
(Specify type of place) (c) Means of injury _____

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 3454

....., Registered Apprentice No.....
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester
Maplewood

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.