

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff Memorial
(d) Length of stay: In hospital or institution 2 days
In this community 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 608 Elm St.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Houston Copeland
(b) If veteran, name war unk. (c) Social Security No. unk.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 30th year 1944 hour 12:52 minute A. M.
21. I hereby certify that I attended the deceased from 11/28/44 to Nov. 30th 1944
that I last saw him alive on Nov. 30th 1944 and that death occurred on the date and hour stated above.

4. Sex male 0 5. Color or race white
6. (a) Single, widowed, married, divorced widower
(b) Name of husband or wife unk. (c) Age of husband or wife if alive unk years
7. Birth date of deceased October 11th ??

Immediate cause of death: Hypertensive arteriosclerotic heart disease
Due to
Due to
Other conditions:
Major findings:
Of operations:
Of autopsy: Lower

8. AGE: Years Months Days If less than one day
abt - 83
9. Birthplace Missouri (State or foreign country)
10. Usual occupation Nil

MOTHER FATHER
12. Name Wm Jasper
13. Birthplace Missouri (State or foreign country)
14. Maiden name Lucinda Ferrl (State or foreign country)
15. Birthplace Missouri (State or foreign country)

16. (a) Informant M. Renard (b) Address City Hospital
17. (a) Cremation (b) Date thereof 12-20-44
(c) Place: City Crematory
18. (a) Signature of funeral director W. J. White
(b) Address City Hospital No. 1
19. (a) DEC 20 1944 (b) J. P. Bredel (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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
(c) Manner of injury
23. Signature J. D. Lacey (Date signed) 11/30/44
Address 1515 Lafayette

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

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.