

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4725 Tieman Ave. /
(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 Missouri (b) County St. Louis 96
(c) City or town Gardenville
(If outside city or town limits, write "RURAL")
(d) Street No. 4725 Tieman Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward L. Pope
3. (b) If veteran, name war --
3. (c) Social Security No. 486-18-6692

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 19
year 1946 hour 9 minute 45A M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amelia
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March 31 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Self inflicted wound of throat with open blade razor

Duration

8. AGE: Years 61 Months 0 Days 18
If less than one day _____ hr. _____ min.

Due to 164d

Due to Incised wound of throat

9. Birthplace Bland Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Mover

11. Industry or business Mrazek Movers

Major findings: Of operations _____

12. Name Fred Pope

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

14. Maiden name Bertha Kramer

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

Of autopsy xxx

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Amelia Pope

(b) Address 4725 Tieman

17. (a) Burial (b) Date thereof 4/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence April 19, 1946

(c) Where did injury occur? Home, Afton, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place)
(e) Means of injury Razor

18. (a) Signature of funeral director Wacker-Heldell
(b) Address 3634 Gravois Ave.

23. Signature Amos J. Willmann CORONER 3
(M. D. or other)

19. (a) 4-22-46 (b) E. M. ...
(Date received local registrar) (Registrar's signature)

Address Clayton, Mo. Date signed 4/20/46

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

14412

APR 30 1964

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 Robert C. Wheeler

Licensed Embalmer No. 2128

P. O. Address Shoups

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.