

S. No. 2
1-12-45
5-17-39
I X47070

FILED OCT 28 1946

Registration District No. 318

Primary Registration District No. 1002

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:
De Paul Hospital
(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 Jefferson 50
(c) City or town Hematite
(If outside city or town limits, write "RURAL") NR 0
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Phyllis Jean Pope

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Child

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

7. Birth date of deceased August 7 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 2 6 hr. min.

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

10. Usual occupation Child

11. Industry or business _____

MOYER FATHER

12. Name Edward Buren Pope

13. Birthplace Poplar Bluff Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Irene Sweeney

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

16. (a) Informant Mrs. Irene Pope

(b) Address Hematite, Mo.

17. (a) Burial (b) Date thereof 10-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 15 1946 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18
year 46 hour 9:20 minute am

21. I hereby certify that I attended the deceased from 6-10/46
1946 to 10-13 1946
that I last saw her alive on 10-12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic leukemia
Due to leukemia
Due to 74

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy yes

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)
Means of injury _____
23. Signature J. F. Brueck (M. D. or other)
Address 3724 Washington Date signed _____

Duration 6/10/46 to 10/13/46
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 J. W. Wilkinson
Licensed Embalmer No. 3575
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.