

No. 2
-12-45
-17-39
X47070

FILED JAN 23 1947

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 12 days
In this community 57 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nettie Cope
3. (b) If veteran, name war. ----- 3. (c) Social Security No. none
4. Sex Female 5. Color or race Col.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George Cope
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased January 3, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 0 4 hr. min.

9. Birthplace Saint-Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Evra Matthews

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

16. (a) Informant Minnie Head 12
(b) Address 2629 Lucas Ave.

17. (a) Burial (b) Date thereof Jan. 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Allen Duiles

(b) Address 3556 Franklin

19. (a) JAN 11 1947 (b) J. F. Prodeak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2629 Lucas Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
year 1947 hour 3 minute 5 A.M.
21. I hereby certify that I attended the deceased from 12-26 19 46 to 1-7 19 47
that I last saw h. er alive on Jan. 7 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death. Uremia (duration 3 days) associated with (a) Chronic Phelonephritis
XXXX (b) Cancer of Baldder Grade 3
Duration Undet.

Due to 52
Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy No
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?

While at work? (Specify type of place) (e) Means of injury 0
23. Signature Daniel W. Brown (M.D. or other) 1/7/47
Address 2601N Whittier Date signed

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 *James H. [unclear]*

Licensed Embalmer No. *3522*

P. O. Address *3506 [unclear]*

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.