

No. 2
1/47
17-35

Office of Vital Statistics
FILED AUG 16 1947

3063

Registrar's No. 1666

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County, ST LOUIS COUNTY
(b) City or town, CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution, ST LOUIS COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, 5 DAYS
(Specify whether
In this community, 75 YRS.
years; months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State, MISSOURI (b) County, ST LOUIS Co. 96
(c) City or town, SOUTH KINLOCH
(If outside city or town limits, write "RURAL")
(d) Street No., SMITH + BANGERT
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country, _____

3. (a) PRINT FULL NAME

CHARLES POPE

3. (b) If veteran, name war, _____

3. (c) Social Security No. _____

4. Sex, MALE 5. Color or race, COLORED
6. (a) Single, widowed, married, divorced, DIVORCED
6. (b) Name of husband or wife, MARY
6. (c) Age of husband or wife if alive, ? years
7. Birth date of deceased, DEC 25 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 10 hr. min.

9. Birthplace, FLORISSANT Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation, Laborer

11. Industry or business, _____

12. Name, JAMES POPE

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

14. Maiden name, ELLEN TAYLOR

15. Birthplace, FLORISSANT Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant, LUCILLE CAMERON

(b) Address, SMITH + BANGERT

17. (a) BUX 121 (b) Date the roof, 8-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation, Black Jack, Mo

18. (a) Signature of funeral director, Ward Biss

(b) Address, 301 Kinloch Mo

19. (a) 8-8-47 (b) _____
(Date received local registrar) (Registrar Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month, AUGUST day, 5
year, 1947 hour, 9 minute, 20 A.M.

21. I hereby certify that I attended the deceased from JULY 31, 1947, to AUGUST 5, 1947
that I last saw him alive on AUGUST 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death, Pulmonary Embolus
Due to, Cause unknown
Due to, 93d

Other conditions, Hypertensive Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations, _____
Of autopsy, _____

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? _____
(Specify type of place)
While at work? _____ (e) Means of injury, _____
23. Signature, W. H. Smith (M. D.)
Address, 601 Brentwood Blvd Date signed, 8/5/47

Duration
PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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 Edward A. Flynn
Licensed Embalmer No. 4444
P. O. Address 4545 E. 10th

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.

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Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME Charles Pope

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced Div

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

7. Birth date of deceased Dec 25 (Month) 1947 (Day) 19 (Year)

8. AGE: Years 75 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Teacher

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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 _____

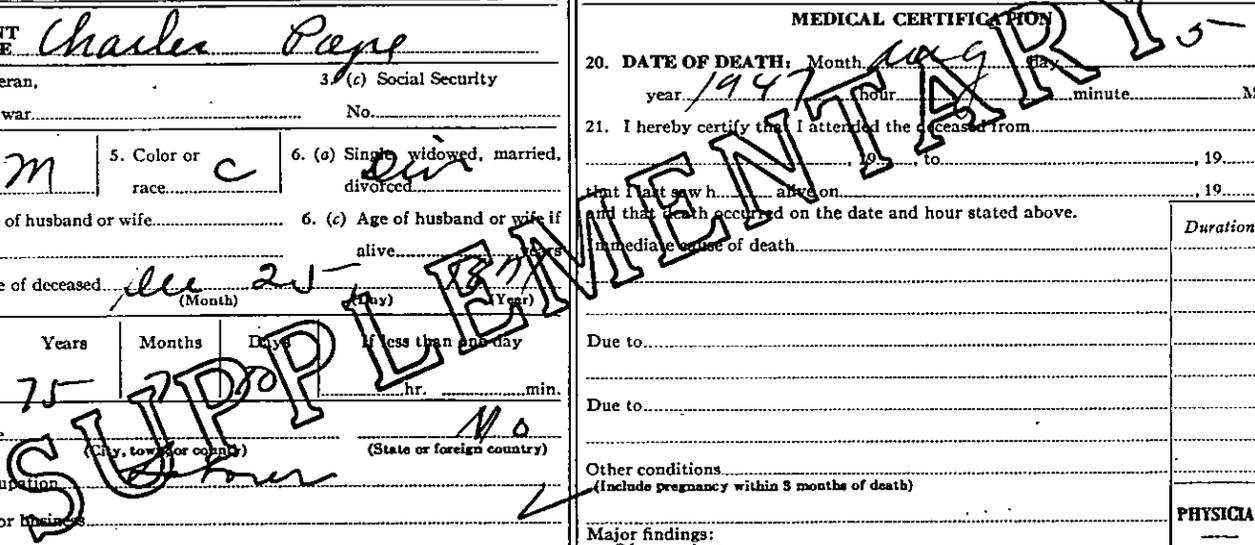
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(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 _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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



S-2974