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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27605

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6755

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution: DePaul Hospital 0
(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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3401 N. Union 9
(If rural, give location)

(e) Citizen of foreign country? 6 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Cope

3. (b) If veteran, name war War #1

3. (c) Social Security No.

4. Sex male 0

5. Color or white

6. (a) Single, widowed, married, married 1

6. (b) Name of husband or wife Helen Cope

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

7. Birth date of deceased Oct. 10. 1888 (Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 21 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John E. Cope
13. Birthplace New Orleans, La (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Marie Ottman
15. Birthplace New Orleans, La (City, town, or county) 1 (State or foreign country)

16. (a) Informant Helen Cope
(b) Address 3401 N. Union

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Sullivan's
(b) Address 2849 No. Euclid

19. (a) AUG 1 - 1948 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 31st day year 1948 hour 1 minute 45pm M.

21. I hereby certify that I attended the deceased from July 25, 1948 to July 31, 1948; that I last saw him alive on July 31, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusin	
Myocardial infarction	
Due to Hypertensive Heart Disease	
Due to Tuberculosis of long standing	
Other conditions (Include pregnancy within 3 months of death) 13	
Major findings: Of operations	
Of autopsy	

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

23. Signature L. D. Hayden M.D. (M.D. or other)
Address 5899 Delmar Date signed 8/31/48

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1954

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. Robt L. Brinkman

Licensed Embalmer No. 3553

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.