

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6413
1842

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>St Louis</u> TOWN _____		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>St Louis</u> TOWN _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1228 N 15th St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Loper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>		8. DATE OF BIRTH <u>July 6, 1885</u>	
9. AGE (In years last birthday) <u>63</u>		# UNDER 1 YEAR Months _____ Days _____		# UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Nil</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Harvey Loper</u>			13b. MOTHER'S MAIDEN NAME <u>Lydia Unk</u>		14. NAME OF HUSBAND OR WIFE <u>Unk</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E Rhodes, Homer G Phillips Hospital</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Undetermined</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1-21</u> , 19 <u>49</u> , to <u>2-4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-4</u> , 19 <u>49</u> , and that death occurred at <u>7:50 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Oscar L Daniels M. D.</u>				23b. ADDRESS <u>2601 N Whittier St.</u>		23c. DATE SIGNED <u>-2-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>FEB 28 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>FEB 28 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Luster</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service</u> 4104 Manchester Ave.		

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.