

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3923
Registrar's No. 1003

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. - DIST. NO. _____		State File No. 3923	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis,		c. LENGTH OF STAY (If this street) 2-19-49		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis.		d. STREET ADDRESS (If rural, give location) 5800 Arsenal	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmiry Hospital				3. NAME OF DECEASED a. (First) Frank b. (Middle) _____ c. (Last) Cope			
4. DATE OF DEATH (Month) (Day) (Year) April 30 1949				5. SEX Male 6. COLOR OF RACE White 7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) Single			
8. DATE OF BIRTH 2/18/1912		9. AGE (In years last birthday) 37		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (State or foreign country) Unknown	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Wink		13b. MOTHER'S MAIDEN NAME Wink		14. NAME OF HUSBAND OR WIFE Wink	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 497-05-0850		17. INFORMANT'S SIGNATURE OR NAME Catharine Polley ADDRESS 807 So. Ellis			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) hypertensive II. OTHER SIGNIFICANT CONDITIONS Arteriosclerotic Heart Disease Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 25 days years years	
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) St. Louis Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332 X				22. I hereby certify that I attended the deceased from July 7 1948 to April, 30, 1949 , that I last saw the deceased alive on April, 30, 1949 , and that death occurred at 200P m., from the causes and on the date stated above.	
23a. SIGNATURE Walter L. King MD (Degree or title) _____		23b. ADDRESS 5600 Arsenal St. St. Louis		23c. DATE SIGNED May 1, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/24/49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. MAY 2 1949		REGISTRAR'S SIGNATURE J. B. Lassater		25. FUNERAL DIRECTOR'S SIGNATURE Pullman ADDRESS _____			

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 _____

Gustav W. Pickett

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4329

P. O. Address _____

St. Louis, Mo.

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.