

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 103902
Registrar's No. 2802

318

1003

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| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 1003 | | State File No. 103902 | | Registrar's No. 2802 | | | |
| 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 MO | | | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4300 Mc PHERSON | | | | d. STREET ADDRESS (If rural, give location) 4300 Mc PHERSON | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) DORA | | | a. (First) | | | b. (Middle) - | | | c. (Last) COPELAND | | |
| 4. DATE OF DEATH MAR. 20 1950 | | | 5. SEX FEMALE | | | 6. COLOR OR RACE WHITE | | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | | |
| 8. DATE OF BIRTH DEC. 25 1871 | | | 9. AGE (In years last birthday) 78 | | | IF UNDER 1 YEAR Months 2 | | | IF UNDER 1 HRS. Days 23 | | |
| 10a. USUAL OCCUPATION _____ | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | | 11. BIRTHPLACE (State or foreign country) KENTUCKY | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME JOHN SMITH | | | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | | 16. SOCIAL SECURITY NO. _____ | | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS FANNIE WEAVER 4300 Mc PHERSON | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ | | ANTECEDENT CAUSES DUE TO (b) <i>Oedema of Brain</i> DUE TO (c) _____ | | | | | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | | |
| 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) 334X (STATE) _____ | | | | | | | |
| 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? _____ | | | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:20 A. M., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE Gabriel E. Taylor, Cor. | | | | (Degree or title) | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 3 21 50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE MAR 22 1950 | | 24c. NAME OF CEMETERY OR CREMATORY WOODLAND CEM. | | 24d. LOCATION (City, town, or county) (State) WOODRIVER ILL. | | | | | |
| DATE REC'D BY LOCAL REG. MAR 21 1950 | | REGISTRAR'S SIGNATURE J. H. Pasater | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Morris | | | | | |

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

*Dr. John Lawrence
634 N. Grand
Corners case*

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.....

working under my personal supervision.

Student Embalmer No.....

Signed..... *James C Hill*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2906 Davis*

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.