

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28096

State File No.

7018

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4346		d. STREET ADDRESS (If rural, give location) 7254 Lindell Blvd., 1	
3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) RUSSELL c. (Last) COPPINGER.				4. DATE OF DEATH (Month) (Day) (Year) Aug. 17, 1950.			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 3, 1872.	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 WEEK Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) Lebanon, Kentucky, 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William E. Russell			13b. MOTHER'S MAIDEN NAME Sue Elder			14. NAME OF HUSBAND OR WIFE Robert E. Coppinger Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sue Hagerty 7254 Lindell Blvd.,			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) art. sclerotic heart disease ANTECEDENT CAUSES 5 auricular fibrillation DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 H2O					
22. I hereby certify that I attended the deceased from Aug 15 1950 to Aug 17, 1950 , that I last saw the deceased alive on Aug 17, 1950 , and that death occurred at 1:55 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Wayne O. Dora (Degree or title) _____				23b. ADDRESS 2739 No Grand		23c. DATE SIGNED 8-18-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 20, 1950.		24c. NAME OF CEMETERY OR CREMATORY St. Augustin Cem.,		24d. LOCATION (City, town, or county) (State) Lebanon, Kentucky;	
DATE REC'D BY LOCAL REG. AUG 18 1950		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark, 1125 Hodiament Ave.,			

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

Dr. Wayne O. Gorla,
2739 N. Grand Blvd.,
NE. 1270, 1-25 P.M.

MS FEB 11 1959

FEB 18 1959

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.....
Student Embalmer

Signed

J. Wm. Benkler

Licensed Embalmer No. 3653

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.