

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32044

State File No.

No. 300
10-48

FILED SEP 21 1951

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3152

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY St. Louis	b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Clayton	a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (in this place) 11 days		c. CITY (If outside corporate limits, write RURAL and give township) Valley Park 4761	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If rural, give location) Arnold's Grove	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Flossie	b. (Middle) PEARL	c. (Last) Pope	(Month) 9	(Day) 12	(Year) 51
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 24, 1910		9. AGE (In years last birthday) 41
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Wm. Pope
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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. 493-28-4878	17. INFORMANT'S SIGNATURE OR NAME Raymond Taylor, St. Louis, Mo.	18. ADDRESS 1235 Sidney St.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHIAL PNEUMONIA		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PNEUMOTHORAX DUE TO (c) FRACTURED RIBS 8164		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FRACTURED PELVIS		11 days 11 days 11 days	

19a. DATE OF OPERATION 9/2/51	19b. MAJOR FINDINGS OF OPERATION 2 - LUNG DRAINAGE FOR PNEUMOTHORAX	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY 66	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) TYSON PARK ST LOUIS MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 1 57 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? AUTOMOBILE ACCIDENT

22. I hereby certify that I attended the deceased from 9-1-, 1951, to 9-12-, 1951, that I last saw the deceased alive on 9-12-, 1951, and that death occurred at 11:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE Wayne E. Roberts, M.D.	(Degree or title) M.D.	23b. ADDRESS St. Louis County Hosp. 601 S. Brentwood, Clayton, Mo.	23c. DATE SIGNED 9/13/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/14/51	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.
DATE REC'D BY LOCAL REG. 9-15-51	REGISTRAR'S SIGNATURE Richard R. Donke	25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Boop, Inc., Kirkwood, Mo.	

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

SEP 28 1951

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.

Student
Student Embalmer

Signed Felix Durand

Licensed Embalmer No. 3034

P. O. Address Werkwood 2371

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.