

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23091

State File No.

FILED JUN 21 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1535

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u> <u>1090</u> | |
| c. LENGTH OF STAY (in this place) <u>6 hrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hosp</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Eileen</u> | b. (Middle) <u>Merl</u> | c. (Last) <u>Cope</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1952</u> |
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| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>April 9, 1929</u> | 9. AGE (In years last birthday) <u>23</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HR. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Warrenton, Mo.</u> <u>U</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Herman Adolph Eick</u> | 13b. MOTHER'S MAIDEN NAME <u>Gladys Vickory</u> | 14. NAME OF HUSBAND OR WIFE <u>Clifford Wayne Cope</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Clifford W. Cope</u> | ADDRESS <u>Warrenton, Mo.</u> |
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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, asphyxia, 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) <u>Tooth fracture Hemorrhage</u> | | | <u>4 hrs.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uterine inertia</u> | | | <u>4 hrs.</u> |
| DUE TO (c) _____ | | | | |
| II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>6756</u> | | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) _____ | 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 Sept, 1951, to June 10, 1952, that I last saw the deceased alive on June 10, 1952, and that death occurred at 7:50 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Alford N. Mauldin, Jr. M.D.</u> | 23b. ADDRESS <u>Warrenton, Mo.</u> | 23c. DATE SIGNED <u>6-10-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>6-11-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Warrenton, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>6-11-52</u> | REGISTRAR'S SIGNATURE <u>Herbert J. Donohue</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> | ADDRESS <u>4700 Washington Blvd.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Robert M. Murray

Licensed Embalmer No. 2749

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.