

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29904

State File No.

SEP 3- 1952

| | | | | | | | | | |
|---|--|---|--|--|---|--|---|---|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 7874 | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY 2219 | | | | | |
| b. CITY OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 5 years | | c. CITY OR TOWN St. Louis | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 709 N. Channing Ave. | | | | d. STREET ADDRESS (If rural, give location) 21 709 N Channing Ave. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Eunice | | | b. (Middle) | | c. (Last) Pope | | 4. DATE OF DEATH (Month) (Day) (Year) Aug 16, 1952. | | |
| 5. SEX Female | | 6. COLOR OR RACE Col. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH May 8, 1905 | | 9. AGE (In years last birthday) 47 | |
| | | | | | | IF UNDER 1 YEAR 3 Months | | IF UNDER 24 HRS 8 Hours | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Robinson Co. Tenn. | | 12. CITIZEN OF WHAT COUNTRY? USA, | |
| 13a. FATHER'S NAME Sol Pope | | | 13b. MOTHER'S MAIDEN NAME Matilda Chatman | | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Mary Howard ADDRESS 709 N. Channing Ave. | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Writal Inseffany ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 | |
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 410X | | | | | |
| 22. I hereby certify that I attended the deceased from 11-30, 1951 , to 8-16, 1952 , that I last saw the deceased alive on 8/16, 1952 , and that death occurred at 5:30 AM. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE J.W. Wilkerson (Degree or title) MO O | | | | 23b. ADDRESS 4141 Page Blvd | | | 23c. DATE SIGNED 8-18-52 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Aug 20, 1952 | | 24c. NAME OF CEMETERY OR CREMATORY Springfield, Tenn. | | 24d. LOCATION (City, town, or county) (State) Springfield, Tenn. | | | |
| DATE REC'D BY LOCAL REG. AUG 19 1952 | | REGISTRAR'S SIGNATURE J. Carl Smith MS | | | 25. FUNERAL DIRECTOR'S SIGNATURE Wright Funeral Home ADDRESS 3100 Easton Ave. | | | | |

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Alden

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.