.S. No. 300
EV. 10-48

FILED OCT 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37074

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2680

400 2 0

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON
c. LENGTH OF STAY (in this place): 3 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CO. HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OVERLAND 4221
d. STREET ADDRESS (If rural, give location): 3435 COLES (REAR)

3. NAME OF DECEASED (Type or Print)
a. (First): DORA
b. (Middle):
c. (Last): GOUPILLE

4. DATE OF DEATH (Month) 10 (Day) 16 (Year) 52

5. SEX: F
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: about 1887
9. AGE (In years last birthday): about 65 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~[illegible]~~ HOUSE WITE
10b. KIND OF BUSINESS OR INDUSTRY: At home ~~[illegible]~~
11. BIRTHPLACE (City and State or Foreign Country): unknown 9
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: GEORGE GOUPILLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Louis H Bopp Inc — ADDRESS: Kirkwood Mo

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)	Arteriosclerotic Cardiovas Dis	15 yrs.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Fracture Hip	3 mos.
DUE TO (c)	Decubiti	8 wks.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Malnutrition	10 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4221
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-31, 1952 *to* 10-16, 1952, *that I last saw the deceased alive on* 10-16, 1952, *and that death occurred at* 10:55 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E. Nichols M.D.
23b. ADDRESS: 601 S. Brentwood Clayton
23c. DATE SIGNED: 10-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial D
24b. DATE: 10/18/52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Lebanon Cemetery
24d. LOCATION (City, town, or county) (State): St Louis Co. Mo

DATE REC'D BY LOCAL REG.: 10/17/52
REGISTRAR'S SIGNATURE: Herbert R. Domke-M.D. P.T.
25. FUNERAL DIRECTOR'S SIGNATURE: Louis H Bopp, Inc — ADDRESS: Kirkwood Mo

(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 Felix Durand

Licensed Embalmer No. 3074

P. O. Address Kirkwood 22 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.