V.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1953

State File No. 41567

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2897

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS COUNTY, MO.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHMOND HEIGHTS
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): #1733 PRINCETON PLACE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI.
b. COUNTY: ST. LOUIS,
c. CITY OR TOWN: RICHMOND HEIGHTS #48 5 0
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): #1733 PRINCETON PLACE.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): HENRY
c. (Last): POPE.

4. DATE OF DEATH (Month) (Day) (Year): NOV. 9, 1953

5. SEX: Male. 0
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Feby 9, 1878.
9. AGE (In years last birthday): 75. 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): Clerk..
10b. KIND OF BUSINESS OR INDUSTRY: Mail.
11. BIRTHPLACE (City and State or Foreign Country): Baldwin, Illinois.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Henry W. Pope.
13b. MOTHER'S MAIDEN NAME: Theresa Geyer.
14. NAME OF HUSBAND OR WIFE: Henrietta J. Pope.

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.: 492-05-9374.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs W. H. Pope, 1733 Princeton Place.

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) Ca of stomach with metastasis — INTERVAL BETWEEN ONSET AND DEATH: ?

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 151X
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* Aug 31, 1953, *to* Nov. 9, 1953, *that I last saw the deceased alive on* Nov. 5, 1953, *and that death occurred at* 9:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Karl L. Keffler (Degree or title): M.D.
23b. ADDRESS: 1139 Bellevue ave.
23c. DATE SIGNED: Nov. 9. 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation.
24b. DATE: 11/11/53.
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory.
24d. LOCATION (City, town, or county) (State): 7800 St. Charles Rock Road.

DATE REC'D BY LOCAL REG.: 11/9/53
REGISTRAR'S SIGNATURE: Herbert K. Somke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C.R.Lupton & Sons, 7233 Delmar Blv'd.,

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Karl L. Keffler.
1139 Bellevue.
ST: 3737.
Hrs: 2 to 4 p.m.

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.....
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.