No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7480

State File No.

BIRTH NO. 11829-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 329

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): 40 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Kinloch 4091
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1124 Warwick

3. NAME OF DECEASED (Type or Print)
a. (First): Baby Girl
b. (Middle):
c. (Last): Copeland

4. DATE OF DEATH (Month) (Day) (Year): 1 26 56

5. SEX: Female
6. COLOR OR RACE: Col.
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Never married
8. DATE OF BIRTH: Jan. 26, 1956
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: Min. 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None-Child
11. BIRTHPLACE (City and State or Foreign Country): Clayton, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Copeland
13b. MOTHER'S MAIDEN NAME: Lillie Webb
14. NAME OF HUSBAND/OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: St. Louis County Hospital
ADDRESS: Clayton, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete bilateral atelectasis — 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) pneumonitis

DUE TO (c) intrapartum endometritis

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Premature rupture of membranes — 4 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7620
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* 1-26, 1956, *to* 1-26, 1956, *that I last saw the deceased alive on* 1-26, 1956, *and that death occurred at* 6:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert S. Pfeffer
(Degree or title): MD
23b. ADDRESS: 601 So. Brentwood
23c. DATE SIGNED: 1/27/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 2-2-56
24c. NAME OF CEMETERY OR CREMATORY: St. Louis Crematory
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: 2-3-56
REGISTRAR'S SIGNATURE: Herbert R. Bombard M.
25. FUNERAL DIRECTOR'S SIGNATURE: St. Louis Co. Hosp. — Clayton, Mo.
ADDRESS:
(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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.