S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14572

FILED MAY - 8 1957

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4064

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 915 N. Grand
c. LENGTH OF STAY (in this place): 2 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
STREET ADDRESS (If rural, give location): 5519 Vernon Ave.

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

4. DATE OF DEATH (Month) (Day) (Year): April 27 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 14 1911
9. AGE (In years last birthday): 45 — 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): Maintenance Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Factory
11. BIRTHPLACE (City and State or Foreign Country): Sullivan Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James W. Copeland
13b. MOTHER'S MAIDEN NAME: Sophia Herman
14. NAME OF HUSBAND OR WIFE: Mildred Copeland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. 2
16. SOCIAL SECURITY NO.: 488-01-6112
17. INFORMANT'S SIGNATURE OR NAME: Mildred Copeland — ADDRESS: 5519 Vernon 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fibrosarcoma — 22 mo
DUE TO (c) left antrum

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. metastisis to brain + abdomen

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
197X
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, 1955, *to* 4/26, 1957, *that I last saw the deceased alive on* 4/26, 1957 *and that death occurred at* 5:16 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles W. Harris M.D.
23b. ADDRESS: 5298 Page
23c. DATE SIGNED: 4/29/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 28 1957
24c. NAME OF CEMETERY OR CREMATORY: Copeland Cemetery
24d. LOCATION (City, town, or county) (State): Sprott Mo.

DATE REC'D BY LOCAL REG.: APR 29 1957
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Collier Mortuary, St. Ann, Mo.
(Licensed Embalmer's Statement on Reverse Side)

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 Sheldon Collier

Licensed Embalmer No. 338 2

P. O. Address St. Ann

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