

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1957

State File No. 34480

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2144</u>					
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>APPTON</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>97 HENNINGER NURSING HOME</u>				e. STREET ADDRESS (If rural, give location) <u>3731 Mc DONALD</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>POPE</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 26 1957</u>								
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCT 13 1879</u>					
9. AGE (in years last birthday) <u>77</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U-S-A.</u>		13a. FATHER'S NAME <u>ALBERT MATOUSEK</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA POKORNY</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN POPE (dec'd)</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>AGNES MEES 3731 Mc DONALD</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION							
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma Ca Bladder</u></p> <p>ANTECEDENT CAUSES (b) <u>Ca Bladder</u></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)</p>				INTERVAL BETWEEN ONSET AND DEATH <u>metast</u>							
				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) _____		21f. HOW DID INJURY OCCUR? _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Aug 20</u> , 19 <u>57</u> , to <u>Aug 26</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Aug 24</u> , 19 <u>57</u> , and that death occurred at <u>8:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hugh Cornell MD</u>		23b. ADDRESS <u>3915 Watson</u>		23c. DATE SIGNED <u>8/27/57</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 29 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. Peter & Paul Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>					
DATE REC'D BY LOCAL REG. <u>8-28-57</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donohue MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kuter 2906 Grand</u>							

3915

mi 7-4221

130 to 5

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 *Leof Budd*

Licensed Embalmer No. 39

P. O. Address *St. Louis*

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.