

FILED FEB 6 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2586**  
Registrar's No. **929**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission!)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>3P HOSPITAL OR INSTITUTION D.O.A. Homer G. Phillips Hosp</b>		e. STREET ADDRESS (If rural, give location) <b>3616A North Taylor Ave</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>LOVEY</b>	b. (Middle) <b>COPELAND</b>	c. (Last) <b>ANDREWS</b>	<b>Jan 23 1958</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Oct 23 1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>71</b> IF UNDER 1 YEAR Months <b>3</b> Days <b>0</b> IF UNDER 4 HRS. Hours <b>0</b> Min.
11. BIRTHPLACE (City and State or Foreign Country) <b>Stoddard, S. Carolina</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry Copeland</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Mosby</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>-</b>	
16. SOCIAL SECURITY NO. <b>No No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dearwood Andrews</b> ADDRESS <b>3610 N. Taylor Ave</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Rheumatic Fever</b>		ANTECEDENT CAUSES		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>400x</b>	
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		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)	
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"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-18</b> , 19 <b>58</b> , to <b>1-23</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>1-23</b> , 19 <b>58</b> , and that death occurred at <b>2 P. M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <b>822 N. JEFFERSON</b>		23c. DATE SIGNED <b>1-24-58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-28-1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co Mo</b>		DATE REC'D BY LOCAL REG. <b>JAN 25 58</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J.H. Randle &amp; Son</b>		ADDRESS <b>3133 Bell Ave</b>			

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

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**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 *Esther N. Harris*.....

Licensed Embalmer No. *445*.....

P. O. Address *418 1/2 Wash*.....

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.