ealth,
Welfare
ublic
ervice

300
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020045
STATE FILE NUMBER

FILED MAY 23 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4461

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): DePaul Hospital — Length of stay in Ib: 17 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 8516 Church Rd. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Jesse — Middle: Claude — Last: Pope
4. DATE OF DEATH: Month: April — Day: 24, — Year: 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: March 21, 1905
9. AGE (In years last birthday): 53 — 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): Auto Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: St.Louis Met.Police
11. BIRTHPLACE (City and state or country): Shelby Co.,Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Claude Pope
13b. MOTHER'S MAIDEN NAME: Alice Calvert
14. NAME OF HUSBAND OR WIFE: Opal

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.
17. INFORMANT: Opal Pope, Address: 8516 Church Rd.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Tongue with metastasis — INTERVAL BETWEEN ONSET AND DEATH: 20 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 141.9
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 7/17/56, to 4/24/58 and last saw her/him alive on 4/23/58
Death occurred at 3:17 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: George A. Carroll M.D. (Degree or title)
22b. ADDRESS: 607 N. Grand
22c. DATE SIGNED: 4/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-24-58
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): Bethel, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Albert H.Hoppe, 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: APR 24 '58
26. REGISTRAR'S SIGNATURE: Earl Smith MD
M.D.

(Licensed Embalmer's Statement on Reverse Side)

Death, Stillbirth, or Injury Statistics — All diseases in Part I must be causally related.

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 John S. Demer

Licensed Embalmer No. 4194

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.