

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038114
State File No.

FILED OCT 27 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9623

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>3 Months</u>	c. CITY OR TOWN <u>Berkeley</u> <u>4090d</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>16 Missouri Baptist Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>27 8833 Inkel</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>Arthur</u>	c. (Last) <u>Pope</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7 1958</u>	
5. SEX <u>Male</u> <input type="checkbox"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 11, 1885</u> <u>1886</u>	9. AGE (In years last birthday) <u>73</u> <u>71</u>	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Valet</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kathertford Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Pope</u>		13b. MOTHER'S MAIDEN NAME <u>Molly Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Ethel Pope</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel Pope</u>	18. ADDRESS <u>8833 Inkel</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Squamous Cell Carcinoma of the R. tongue floor of mouth to mandible & metastases to the Neck Cervical lymph glands. Recurrence & Cervical adenobion of #1</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>28 Sept 57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Squamous cell carcinoma of jaw with involvement of posterior anterior lateral & medial areas.</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>24 Sept</u> , 19 <u>57</u> , to <u>7 October</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5 October</u> , 19 <u>58</u> , and that death occurred at <u>9:35 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) <u>James J. Smith M.D.</u>			23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>7 Oct. 58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 10, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leurel Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>		
DATE REC'D BY LOCAL REG. <u>OCT 7 '58</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>CALVIN. F. FEUTZ Funeral Home</u> <u>4828 Natural Bridge Blvd. St. Louis Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

CORRECTED
BY: 1. AFFIDAVIT OF Final Burial
2. PERMANENT RECORD

WRITE PLAINLY—USING UNFADING BLACK INK

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 *J. P. Menas*.....
Licensed Embalmer No. *41180*

P. O. Address *St. Louis 9*.....

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.