

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042502

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2772

FILED NOV 17 1958

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Brentwood ⁴⁵¹¹
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 9344 White Avenue

3. NAME OF DECEASED (Type or print) First ANNETTA Middle RILEY Last COUPER			4. DATE OF DEATH Month October Day 28th , Year 1958			
--	--	--	---	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 30th, 1894	9. AGE (In years last birthday) 64	10. UNDER 1 YEAR Months 6 Days 21 Hours 0 Min.	11. IF UNDER 24 HRS. Months 6 Days 21 Hours 0 Min.
-------------------------	----------------------------------	---	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Stenographer - Bland & Company Insurers	10b. KIND OF BUSINESS OR INDUSTRY Company Insurers	11. BIRTHPLACE (City and state or country) Louisville, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	--

13a. FATHER'S NAME Albert Riley	13b. MOTHER'S MAIDEN NAME Myrtle Utley	14. NAME OF HUSBAND OR WIFE James G. Couper
---	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 490-38-1466	17. INFORMANT James R. Couper Address 461 Wilcox Avenue
--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Depressed skull fracture		INTERVAL BETWEEN ONSET AND DEATH
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) 900.0 21		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell down stairway leading to basement of home
--	---

20c. TIME OF INJURY 11:00 Hour 11:00 Month 10 Day 28 Year 58	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION Brentwood	COUNTY St. Louis	STATE Missouri
--	---	--	----------------------------	--------------------------

20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
---	--

22a. SIGNATURE <i>Haywood H. ...</i> (Degree or title) St. Louis	22b. ADDRESS 651 Brentwood Boulevard	22c. DATE SIGNED 11/17/58
--	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/31/1958	23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery	23d. LOCATION (City, town, or country) (State) 4360 Bates Street St. Louis, Mo.
---	--------------------------------	--	---

24. FUNERAL DIRECTOR C. R. LUPTON & SONS ADDRESS 7233 DELMAR BLVD.	25. DATE RECD. BY LOCAL REG. 10-29-58	26. REGISTRAR'S SIGNATURE <i>Herbert A. ...</i>
---	---	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo*

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.