

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046171

STATE FILE NUMBER

318 Primary Registration District No. 1003

Registrar's No. 12512

FILED JAN 14 1959

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-57

1. PLACE OF DEATH a. COUNTY		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) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Florissant 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in lb 6 Days	d. STREET ADDRESS (If outside, give location) 27 795 Southwell Dr.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Roscoe Elisha Pope			4. DATE OF DEATH Month Day Year 12 25 58			
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 7, 1904	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Handler	10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	11. BIRTHPLACE (City and state or country) Richland, Ind.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Elisha Pope	13b. MOTHER'S MAIDEN NAME Minnie	14. NAME OF HUSBAND OR WIFE Virginia Tucker Pope
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If None war or dates of service) None	16. SOCIAL SECURITY NO. 489-01-1185	17. INFORMANT Address Virginia Pope, Florissant, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subdural Hemorrhage</i> DUE TO (b) <i>Brain Injury</i> DUE TO (c) <i>Fracture of the Skull</i>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease conditionily or directly) <i>Supportive care administered by deceased struck at the intersection of 23rd & St. Louis Ave., about 4:30 p.m., December 19, 1958.</i>		

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20c. TIME OF INJURY 4:30 p.m. 12 19 58 19, 1958.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20 Street	20f. CITY, TOWN, OR LOCATION, COUNTY STATE St. Louis Mo
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 9:40 AM _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 12.26.58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-29-58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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24. FUNERAL DIRECTOR White-Mullen Mort. 118 N. Florissant	25. DATE RECD. BY LOCAL REG. DEC 26 '58	26. REGISTRAR'S SIGNATURE Carl Smith MO em 73
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All entries 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 *Herbert J. Gann Jr.*

Licensed Embalmer No. *4800*

P. O. Address *Kirkwood, 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.