URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

[redacted]

FILED VS FEB 18 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1419 STATE FILE NUMBER 60-008737

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Firmin Desloge Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Charles
c. CITY OR TOWN: Wentzville, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 201 Academy Dr — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Joseph Middle: Michael Last: Pope

4. DATE OF DEATH: Month: Feb. Day: 4 Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Sept. 21, 1902

9. AGE (last birthday): 57

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (City and state or country): Jefferson City, Mo

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joseph M. Pope

13b. MOTHER'S MAIDEN NAME: Louise Forester

14. NAME OF HUSBAND OR WIFE: Thelma Quigley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 490-09-9649

17. INFORMANT: Thelma Pope Address: 201 Academy Dr. Wentzville, Mo.

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): Subarachnoid Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ruptured Intracranial Aneurysm
DUE TO (c): 33 dx

INTERVAL BETWEEN ONSET AND DEATH: 5 days.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 2/1/60 to 2/4/60 and last saw her/him alive on 2/3/60

Death occurred at 8 00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Francis P. Nash, M.D.

22b. ADDRESS: 100 N. Euclid, St. Louis Mo.

22c. DATE SIGNED: 2/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2/6/60

23c. NAME OF CEMETERY OR CREMATORY: St Patrick Cemetery

23d. LOCATION (City, town, or county) (State): Wentzville Mo.

24. FUNERAL DIRECTOR: T.J. Pitman ADDRESS: Wentzville Mo.

25. DATE RECD. BY LOCAL REG.: FEB 8 1960

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D. m DC

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

MAY 13 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Carlton J. Pilman

Signature of Student Embalmer

Licensed Embalmer No. 4970

P. O. Address Wentzville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.